

**West Virginia State University
Office of Financial Aid and Scholarships
2023-2024 Consortium Agreement Form**

Last Name, First Name, MI

Social Security Number

HOST SCHOOL SECTION

Name of Institution: _____

Number of Credit hours enrolled: _____ Fall _____ Spring _____ Summer Semester(s)

Enrollment Period Dates: _____ to _____

Actual Tuition and Fees: \$ _____

Total Account Balance: _____ Has Been Paid _____ Has Not Been Paid (by the student)

If the student were enrolled on full-time basis for a full academic year, the actual charges would be:

TUITION & FEES \$ _____ ROOM & BOARD \$ _____ BOOKS & SUPPLIES \$ _____

The above is true to the best of my knowledge. This institution agrees to notify the Office of Financial Aid and Scholarships at the home school, West Virginia State University, within two weeks should the student change their enrollment status indicated above prior to processing any refund of tuition/fee charges resulting from a change in enrollment status.

SIGNATURE

DATE

TITLE

TELEPHONE

HOME SCHOOL SECTION:

Upon receipt of the information above, the home school will:

- Determine if the student is meeting the home institution's satisfactory academic requirements and other student aid eligibility requirements.
- Secure documentation from the student that the credits will transfer.
- If appropriate, process and distribute financial aid to the student after documentation is received.
- Distribute any Title IV funds applicable back to the program after notification of a change of enrollment status.

SIGNATURE

DATE

TITLE

TELEPHONE NUMBER

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