2021-2022
CONSORTIUM
AGREEMENT FORM

University of Lynchburg

OFFICE OF FINANCIAL AID
1501 Lakeside Drive
Lynchburg, VA 24501-3113
Phone: (434) 544-8228
Fax: (434) 544-8653

CONSORTIUM AGREEMENT WITH UNIVERSITY OF LYNCHBURG AND _____

In accordance with federal regulations governing the administration of student financial aid programs, specifically 34 CFR 668.5 as amended on July 2004 the following terms are agreed upon by the appropriate parties at University of Lynchburg and_____.

1. _____ is a degree-seeking student at University of Lynchburg and is expected to graduate_____(month/year).

2. During the_____, said student will enroll in the following courses and credit hours at_____.

Other Institution		University of Lynchburg	
Course Number	Credits	Course Number	Credits

3. The credit hours undertaken at_____will be accepted toward the student's degree program at University of Lynchburg.

4. The student will promptly notify the Office of Financial Aid at University of Lynchburg of any changes in enrollment status (e.g. less than full time status) credit hour changes or withdrawals.

5. _____ will provide an official transcript of grade(s) to University of Lynchburg Registrar upon official request from the student, noting the successful completion of the course.

6. The Office of Financial Aid at University of Lynchburg will be responsible for establishing a cost of attendance determining financial aid eligibility, and in conjunction with the Business Office, disburse funds to the student.

7. The Office of Financial Aid at University of Lynchburg will monitor the academic progress of the student and determine the refund/repayment policy should the student withdraw from school.

_____ _____
Student's Signature **Date**

_____ _____
Registrar University of Lynchburg **Date**

_____ _____
Financial Aid Administrator **Date**

Signatures from Other School:

_____ _____
Registrar **Date**

_____ _____
Financial Aid Administrator **Date**