Consortium Agreement
Registration Form

REQUIRED ATTACHMENTS: Course Descriptions, Consortium agreement documentation, Affiliate Study Abroad Program Advisor Approval Form

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>STUDENT ID #</th>
<th>LOCAL TELEPHONE #</th>
<th>SEM/YEAR</th>
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FIRST MAJOR:  
Cumulative GPA:  
HOST SCHOOL:  

<table>
<thead>
<tr>
<th>ISO Number</th>
<th>Course Title</th>
<th>Cr. Hrs.</th>
<th>Notes</th>
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TOTAL Cr. Hrs.

I have read and understand the policies and procedures regarding consortium agreement. I understand that it is my responsibility to abide by Naropa’s drop/add schedule and that I must submit an official transcript to Naropa’s registration office within one semester after finishing the consortium classes. Failure to abide by any of these policies will result in grade(s) of F.

STUDENT SIGNATURE:  
DATE:  

I have determined that this student meets the qualifications for taking courses through consortium agreement.

ADVISOR SIGNATURE:  
DATE:  
NAROPA UNIVERSITY

Consortium Agreement

This agreement is between Naropa University (the home institution) and the institution listed below (host institution). For Federal Student Financial Assistance Programs and other purposes, the student will be considered to be enrolled at the home institution. The home institution will process and administer financial aid (Federal Pell Grants, Federal Subsidized and Unsubsidized Stafford Loans and Federal PLUS loans) for the student, in accordance with its policies and procedures, and the host institution agrees not to provide financial aid to the student registered under this agreement.

Part I: To be completed by the student

Name __________________________ SS# __________________

I will inform the Naropa University Financial Aid Office immediately of any financial aid I receive from other sources for this period. Other aid may require an adjustment to federal aid for which I may be eligible. I understand that course credits from the host institution will be applied toward my Naropa University Baccalaureate degree provided courses are satisfactorily completed and credits are accepted by the Naropa College. I authorize my financial aid to be used for any balance owed to Naropa University, and understand that I am fully responsible for any payment of tuition, fees, or other expenses to the host school.

Student Signature __________________________ Date ______________

Part II: To be completed by Naropa University

Following successful completion of the described courses at the host institution and transfer of course credit information and course descriptions to Naropa University, credits earned will be applied toward the student’s degree requirements at Naropa University as long as the program of study has been incorporated into the student’s plan and approved by the department and advisor. Approval of the term away from Naropa is also contingent upon successful completion of the student’s current term at Naropa.

Signature of Advisor __________________________ Date ______________

Signature of Advisor __________________________ Date ______________

Signature of Associate Dean of Undergrad Educ (undergrads)
OR Faculty Program Coordinator/School Director (Grad Students) __________________________ Date ______________
Part III: To be completed by the Host Institution.

College/University Name

Program Title

The above named student is enrolled for:

- 12 or more sem. Credits
- 9 –11 credits
- 6 -- 9 credits

From (Semester Begin Date):

Through (Semester End Date):

The costs of attendance for this student’s course of study are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Semester/YR: _______</th>
<th>Semester/YR: _______</th>
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<tbody>
<tr>
<td>Tuition/Fees</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Room/Board</td>
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<td>$</td>
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<tr>
<td>Travel</td>
<td>$</td>
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<tr>
<td>Books</td>
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<tr>
<td>Personal/ Misc.</td>
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<td>$</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$</strong></td>
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Within thirty days of the completion of the academic period, grades or evaluations, credit information and course descriptions will be sent to Naropa University. All records will be kept on file by Naropa University.

The host institution agrees to notify Naropa University within ten days if the student: fails to enroll, withdraws from the institution, or changes enrollment status.

Any adjustments to the student’s cost of attendance at your institution must be consistent with procedures for other students enrolled at your institution. Should the student withdraw, Naropa University, in consultation with the host institution, is responsible for calculating the Return of Title IV Funds in accordance with federal regulations. Any refunds must be returned to Naropa University is responsible for the return of Title IV funds to the appropriate programs.

Any financial aid awarded to the student by Naropa University will be disbursed to the student after the student’s eligibility for the aid has been verified by Naropa University’s Financial Aid Office and after any balance owed Naropa University is satisfied. No aid will be disbursed to the student’s account until Naropa receives written verification from the host institution (form attached) that the student is fully registered for classes. The student is responsible for payment of all expenses to the host institution.

Signature of School Official

Date

Telephone

Name

Title
Student Name ___________________

Student ID ________________

Student Registration Verification and Host School Contact Information

Student Name

Student ID

I certify that the above-named student is registered for

_______ credits for the

___________ academic term at:

Name of Host Institution

SIGNATURE

DATE

HOST SCHOOL CONTACT NAME

TITLE

CONTACT ADDRESS

PHONE

FAX

CONTACT EMAIL

Please return this completed form to:

Naropa University Financial Aid Office (303) 546-3534
2130 Arapahoe Ave. Fax (303) 546-3536
Boulder, CO 80302

email finaid@naropa.edu