



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Consortium/Contractual Agreement

As allowed in 34 CFR 668.5, Institutional Eligibility and Participation, this Consortium/Contractual Agreement is entered into between the home institution (eligible school) and the contractual institution (ineligible school) listed below, for the purpose of providing financial assistance to the named student.

Student's Name: _____ SHU ID#: _____

Contractual Institution: _____ Term Start Date: _____

To be completed by Contractual Institution and returned to Sacred Heart University

Cost of Attendance:	Billed: Yes or No	Enrollment Status:
Tuition and Fees:		Full Time: <input type="checkbox"/>
Room and Board:		¾ Time: <input type="checkbox"/>
Books and Supplies:		½ Time: <input type="checkbox"/>
Transportation:		< ½ Time: <input type="checkbox"/>
Personal Expenses:		
Total:		

Certification

1. The above named student is a degree-seeking candidate at Sacred Heart University and is making satisfactory academic progress.
2. Sacred Heart University agrees to determine eligibility and disburse Title IV funds in accordance with prescribed federal regulations as appropriate for the term specified.
3. Sacred Heart University will be responsible for Enrollment Reporting to NSLDS, calculating the return of Title IV funds, when appropriate, and maintaining Title IV record keeping and reporting requirements.
4. The Contractual Institution agrees **not** to process any financial assistance under Title IV programs to the above named student during the term specified.
5. The Contractual Institution agrees to notify Sacred Heart University if the student fails to enroll in, or withdraws from, the Contractual Institution (to include the withdrawal date and other relevant information).
6. The Contractual Institution will provide Sacred Heart University with an academic transcript upon completion of the Contractual period.

Signature, Home Institution: _____ Date: _____

Print Name and Title: _____ Date: _____

Signature, Contractual Institution: _____ Date: _____

Print Name and Title: _____ Date: _____

This document may be submitted to the Office of Student Financial Assistance **ONLY** via [SHUAwards](#) (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

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