



Financial Aid Office
 109 University Square
 Erie, Pennsylvania 16541-0001
 (814) 871.7337 • toll free 800.GANNON.U
 www.gannon.edu

CONSORTIUM AGREEMENT

This agreement, made between Gannon University, hereafter known as the "Home Institution" and:

_____, hereafter known as the "Visiting Institution," provides documentation of cross-registration for the purpose of establishing eligibility for financial aid for the student:

_____ SS# _____

The Visiting Institution hereby agrees to accept the registration of the student, subject to its published policies and regulations, for the following courses as a non-degree candidate who intends to transfer the credits earned to the Home Institution.

Course Number	Course Description	Number of Credits	Online (Y or N)
_____	_____ Semester, _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Home Institution hereby agrees to accept as transfer credit, subject to its published policies and regulations, the above listed courses and apply those courses to the degree requirements of the student.

The student shall be responsible for properly registering at the Visiting Institution and for payment of all charges and fees incurred at the Visiting Institution and shall be subject to all academic and administrative regulations set forth by the Visiting Institution.

The student shall be responsible for requesting that a properly certified transcript of academic credit from the Visiting Institution be sent to the Home Institution immediately following the conclusion of the semester indicated above.

This agreement shall terminate at the conclusion of the semester indicated above.

Signature of Home Institution Official Date

Title

Signature of Student Date

INFORMATION SHEET

Name of Student

Social Security Number

Number of Credits: _____ for the _____ Semester, _____

Beginning dates of the semester: _____ / _____ / _____

Ending dates of the semester: _____ / _____ / _____

Status of Student:

Full-Time

3/4 Time

Half-time

Less Than Half-Time

Please complete the following using your student budget only for the period indicated above:

Tuition and Fees: \$ _____

Room and Board: _____

Books and Supplies: _____

Transportation: _____

Personal, Miscellaneous: _____

TOTAL: _____

Signature of Financial Aid Officer

Date

Printed name of Financial Aid Officer

Telephone

Name of Visiting Institution

Address of Visiting Institution

Please return this form to:

Gannon University
Financial Aid Office
University Square
Erie, PA 16541
Fax: 814-871-5826