

NJIT Consortium Agreement

Between

New Jersey Institute of Technology

Host School Name:

Section I – To be Completed by the Student

Name:

NJIT ID:

Telephone Number:

E-mail Address:

Current Permanent Address:

Address While Studying Away:

Consortium Period:

Fall

Spring

Summer

Under this Consortium Agreement, the student agrees to the following:

1. Be enrolled in a degree program at NJIT.
2. Maintain Satisfactory Academic Progress.
3. Take the course(s) at the _____ that
are transferable to NJIT as certified by NJIT Academic Advisor and Registrar.

Host School Name
4. Notify NJIT's Office of Student Financial Aid Services (SFAS) if the student does not begin attendance in the courses listed and approved in this consortium agreement.
5. Immediately inform NJIT and _____ of any change in enrollment
status, including withdrawing from all courses or substitution of approved courses.

Host School Name
6. Request that _____, pursuant to its
academic policy, provide NJIT with the student's academic transcript upon completion of the
consortium period.

Host School Name
7. File a FAFSA and complete the required financial aid process prior to all NJIT, federal, and state applicable deadlines.
8. Complete NJIT Registrar Form: "Approval for Undergraduate Courses at Another School" and obtain approval from Academic Advisor and Registrar.
9. If study-abroad, complete the "NJIT Study-Abroad Form" and obtain approval from the Office of International Students and Faculty.
10. Pay tuition, fees, and other expenses as charged by NJIT and/or _____.

Host School Name
11. Give permission to _____ to release information to
NJIT regarding financial aid eligibility and enrollment.

Host School Name
12. Student must provide proof of registration, class schedule, and bill/proof of payment from the host school to NJIT SFAS office.

Student's Signature _____

Date: _____

Section II: To be Completed by the NJIT Academic Advisor

Number of credit hours the student is taking at the **host school**:

List the course(s) that the student is taking at the **host school** that is applicable to his or her academic program at NJIT:

_____	_____
_____	_____
_____	_____

Under this Consortium Agreement, NJIT Academic Advisor:

1. Certifies that the student is enrolled in a degree program at NJIT.
2. Agrees to accept the coursework list above (with a grade “C” or better) toward the completion of the student’s degree.

Academic Advisor’s Signature:

Printed Name:

Academic Department:

Date:

E-mail Address:

Telephone:

Section III – To be Completed by NJIT Financial Aid Officer

Under this Consortium Agreement, NJIT:

1. Agrees to process the student’s financial aid application and provide payment of Title IV funds (state and institutional, when applicable) if eligible as appropriate for the consortium period.
2. NJIT will make available applicable student consumer information required under Title IV.
3. Certifies that the student is making Satisfactory Academic Progress toward the completion of his or her degree at NJIT.
4. NJIT Registrar’s Office will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS)
5. Will calculate returns of Title IV (state and institutional, when applicable) funds, when appropriate.
6. Will maintain Title IV record keeping and reporting requirements.

NJIT Financial Aid Officer Signature: _____

Printed Name:

Date:

E-mail Address:

Telephone: 973-596-3479

Section IV – To be Completed by Host School’s Financial Aid Officer

Will the student receive financial aid at your institution? Yes No

If yes, type & amount of funding from:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Enrollment Period Dates: From: _____ To: _____

Tuition & Fees: \$ _____	Room & Board: \$ _____
Books & Supplies: \$ _____	Transportation: \$ _____
Misc. Personal Exp.: \$ _____	Other (Specify): \$ _____

Under this Consortium Agreement, _____: **Host School Name**

1. Certifies that the student listed has been accepted for enrollment in academic courses listed in Section II above.
2. Will provide NJIT with documentation of the student’s enrollment e.g., credit hours enrolled, withdrawal date etc.

_____ **Host School Name** _____ **Financial Aid Officer Signature**

Printed Name:	Title:
E-mail Address:	Date:
Telephone:	Fax:

Comments: _____

