

# NJIT Consortium Agreement

Between

**New Jersey Institute of Technology**

**School Name:**

Section I – To be completed by student

<b>Name:</b>	<b>SS#</b>
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 course(s) at school name: \_\_\_\_\_ that are transferable to NJIT as certified by NJIT Academic Advisor and Registrar.
4. Notify NJIT SFAS Office if student does not begin attendance in the courses listed and approved in this consortium agreement.
5. Immediately inform NJIT and school name: \_\_\_\_\_ of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
6. Request that school name: \_\_\_\_\_ (pursuant to school name: \_\_\_\_\_ academic policy) provide NJIT with the student’s academic transcript upon completion of the consortium period.
7. File a FAFSA and complete the required financial aid process prior to all NJIT, federal and state applicable deadlines. List NJIT and school name: \_\_\_\_\_ as a college choice on the FAFSA so that financial aid information is released to both institutions.
8. Complete NJIT Registrar Form: “Approval for Courses at Other Colleges” and obtain approval from Academic Advisor and Registrar.
9. If study-abroad, complete “NJIT Study-Abroad Form” and obtain approval from Office of International Students and Faculty.
10. Pay tuition, fees, and other expenses as charged by NJIT and/or school name: \_\_\_\_\_.
11. Give permission to school name: \_\_\_\_\_ to release information to NJIT regarding financial aid eligibility and enrollment.

Student’s Signature _____	Date: _____
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Section II: To be completed by the NJIT Academic Advisor:	
Number of credit hours the student is taking at school name: _____:	
List the course(s) that the student is taking at school name: _____ which are applicable to his or her academic program at NJIT:	
_____	_____
_____	_____
Under this Consortium Agreement, NJIT: <ol style="list-style-type: none"> <li>1. Certifies that the student is enrolled in a degree program at NJIT.</li> <li>2. Agrees to accept the course work list above (with grade "C" or better) toward the completion of the student's degree.</li> </ol>	
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: <ol style="list-style-type: none"> <li>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.</li> <li>2. NJIT will make available applicable student consumer information required under Title IV.</li> <li>3. Certifies that the student is making satisfactory academic progress toward the completion of his or her degree at NJIT.</li> <li>4. NJIT Registrar Office will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS)</li> <li>5. Will calculate returns of Title IV (state and institutional, when applicable) funds, when appropriate.</li> <li>6. Will maintain Title IV record keeping and reporting requirements.</li> </ol>	
NJIT Financial Aid Officer Signature: _____	
Printed Name: _____	Date: _____
E-mail Address: _____	Telephone: _____ _973-596-3479_____
Fax: _973.596.6471	

**Section IV – To be complete by school name: \_\_\_\_\_ 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:    \$ _____ Books & Supplies:    \$ _____ Misc. Personal Exp.:    \$ _____	Room & Board: \$ _____ Transportation: \$ _____ Other (Specify): \$ _____
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Under this Consortium Agreement, 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 at school name: \_\_\_\_\_, e.g., credit hours enrolled, withdrawal date.

school name: \_\_\_\_\_ Financial Aid Officer Signature: \_\_\_\_\_

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

Comments:

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