



Contractual/Consortium Agreement

between
NOVA SOUTHEASTERN UNIVERSITY
and

Name of Host Institution/Organization

Nova Southeastern University (NSU) and this named institution/organization have entered into a contractual/consortium agreement for the participation of:

Name of Student: _____ NSU ID: _____

Section I: To Be Completed by the Student

By entering into this agreement, I understand that I must:

- Be fully accepted into an eligible degree or certificate program at NSU and make satisfactory academic progress (SAP) as specified by the NSU SAP policy.
- Take courses at the host institution that are transferable to my degree or certificate program at NSU.
- Submit this completed form to the NSU Financial Aid and Academic Records (FAAR) Office.
- NOT receive financial aid at the host institution.
- Pay the host institution immediately for any financial obligations associated with my attendance for the enrollment period, including those costs which may be due at the time of registration.
- NOT owe money to NSU for prior term charges.
- Agree that payment received during the contractual/consortium period will first be applied toward NSU charges.
- Repay any financial aid funds for which I become ineligible due to enrollment changes.
- Take courses at the host institution that are listed in Section II of this form. Failure to register for these courses will require the completion of a new agreement and may impact financial aid.
- Ensure that the host institution/organization sends my official transcript to NSU within 30 days of each enrollment period. If the official transcript is in a language other than English, I must arrange for an official translation and pay all associated costs. If a transcript is not received by the deadline, NSU will post a grade of W for the coursework listed in this agreement which may impact financial aid eligibility.

I understand that any financial aid funds for which I may be eligible will be sent directly to me after all obligations to NSU and the host institution/organization have been satisfied and enrollment verified.

NSU institutional scholarship funds will not be paid toward charges incurred at the host institution. I agree to the terms and conditions as stated in this agreement.

Signature

Student's Signature

Date

Section II: To Be Completed by the Student's NSU Academic Advisor

Name of Student: _____

Select ONE:

☐ **Contractual Agreement** for **STUDY ABROAD** (ABROAD) or other programs for which NSU has secured a contract, and the host institution/organization is not independently Title IV eligible.

☐ **Consortium Agreement** (CSORT) between two Title IV eligible schools in which the host institution/organization is independently accredited.

Review the student's account to ensure that the student does not have a registration hold and list the course(s) and credit hours that the student is taking at the host institution/organization. The course(s) must be accepted by NSU on the same basis as if earned at NSU. The course(s) must be fully transferable toward the student's eligible degree or certificate program at NSU.

NSU student account status cleared: ☐ Date: _____

Host Institution Course Information			NSU Equivalent Course Information		
Course #	Course Name	Credits	Course #	Course Name	Credits

Contractual Agreement students only:

Percentage of credit hours at the Host Institution/Organization that represents the student's overall degree program: _____%

Signature

NSU Academic Advisor Name

Signature

Title and Academic Department

Phone

Email Address

Date

NOTE: Advisors must submit courses for course equivalency determination immediately upon being notified of class changes.

Section III: To Be Completed by the Host Registrar/Registration Office

Name of Student: _____

Number of Credits: _____

I certify that the student has registered for classes that total the above-entered number of credits.

Dates of Enrollment: _____ to _____
first day of class *final exam date*

Contractual/Study Abroad Students ONLY (REQUIRED):

The method of delivery that the classes will be given to the student (Described below):

Consortium/Accredited Title IV Eligible Institutions Students ONLY (REQUIRED):

List associations in which your institution is accredited: _____

My institution/organization will

- notify the NSU Registrar by email to regops@nova.edu within 15 days of the student's last day of attendance if the student officially or unofficially withdraws or drops any classes taken under this agreement.
- send an official transcript no later than 30 days after the end date for the course(s) to Nova Southeastern University at the address listed on this document, Attention Enrollment Processing Services (EPS). Electronic transcripts may be sent to electronictranscript@nova.edu.
- NOT report the student's enrollment to the National Student Clearinghouse (NSC) or on the Student Status Confirmation Report (SSCR) as NSU will report the student's enrollment information to the NSC.

Signature

Host Institution/Organization Registrar's Name

Signature

Title

Phone

Email Address

Date

Section IV: To Be Completed by Host Institution/Organization's Financial Aid Office

Name of Student: _____

Cost of attendance (in US Dollars):

Tuition	
Fees	
Books and Supplies	
Housing	
Food	
Health	
Transportation	
Personal	
Other	
Total	

- I agree that my institution/organization will not award financial aid to the student for the enrollment period indicated. My institution agrees to verify the student's enrollment for financial aid eligibility and disbursement of funds.
 - The NSU Office of the University Bursar will provide to the host institution/organization for completion and return the NSU Enrollment and Disbursement Verification Form when financial aid funds disburse to the student's NSU account. Funds will NOT be refunded until this is received and processed.
- I understand that upon notification of the student's withdrawal, NSU will calculate the student's eligibility for financial aid and notify my institution of the results.
- I agree that all Student Financial Assistance (SFA) funds disbursed to my institution/organization determined to be unearned based on the recalculation of the student's eligibility due to changes in enrollment will be remitted to NSU for return to the appropriate SFA program(s). All transactions will be reported to NSU.
- I agree to return this completed Contractual/Consortium Agreement to NSU at the address, fax, or email located at the top of page 1 of this form.

Signature

Host Institution/Organization Financial Aid Officer's Name

Signature

Title

Phone

Email Address

Date

Consortium/Accredited Title IV Eligible Institutions Students ONLY (REQUIRED):

By signing this section, I affirm that this institution is a fully accredited, Title IV institution. Financial aid checks should be sent to the following mailing address:

Institution/Organization Name, Street Address, City, State, Zip

Host Institution/Organization Financial Aid Officer's Signature

Section V: To Be Completed by the NSU Financial Aid and Academic Records Office

By accepting this agreement, NSU's FAAR Office agrees to the following:

- Financial aid disbursed by NSU will be based on the student's eligibility for federal, state, and institutional funds and enrollment verified by the host institution/organization.
- All financial aid under this agreement will be disbursed to NSU.
- NSU will monitor the student's Satisfactory Academic Progress (SAP) in accordance with its SAP policy.
- Prior term NSU charges have been paid in full.

NSU Financial Aid Representative's Name

Title

Signature

Date