

# NEW BRUNSWICK THEOLOGICAL SEMINARY CONSORTIUM AGREEMENT

New Brunswick Theological Seminary (NBTS) with St. John's University (SJU) **Home School Host School** The home school and the host school listed above are hereby entering into a consortium agreement. SECTION I: To be completed by the Student: 1. Your Name:  $\bigcirc$  Mr. ○ Miss, Ms., Mrs. Last First Middle Maiden 2. Your Permanent Address: Street Address City State Zip Code **3. Your Mailing Address:** (If different from above) Street Address Zip Code City State 4. Date of Birth: 5. Your e-mail address: Cell phone number Home Phone Number

Consortium Period: Fall 20\_\_\_\_\_ Spring 20\_\_\_\_ (Consortium Agreement is for **one** semester only. Please

complete a new consortium agreement for each additional semester)

#### Under this consortium agreement, the student shall:

- > Be enrolled in a degree seeking program at NBTS.
- ➤ Maintain satisfactory academic progress (SAP).
- > Take courses at the host school which are approved toward his or her home school degree, as certified by his or her home school academic advisor or Registrar.
- Notify the home school financial aid coordinator if he or she does not begin attendance in the courses listed and approved in this consortium agreement.
- > Immediately inform the home and host school of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
- Ensure that the host school provides the home school with a host school academic transcript upon completion of the consortium period.
- File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
- Pay tuition, fees, and other expenses as charged by the home and/or host school.

Student Signature	
Date:	
SECTION II: To be completed by the	Student's NBTS academic advisor:
that the student is taking at the host school w school: (i.e.) THE 274 – 3 credits	at the host school: Fall 20 Spring 20 List the course(s) hich are applicable to his or her academic program at the home
Under this consortium agreement, the hon	
1. Certifies that the student is enrolled in a de 2. Agrees to accept the course work listed about 1.	egree-seeking program at the home school. ove toward the completion of the student's degree, requirements.
Academic Advisor's Signature:	
Printed Name:	
Date: A	cademic Advisor's E-mail Address:
Phone:()	

## SECTION III: To be completed by NBTS's financial aid coordinator:

#### Under this consortium agreement, the home school (NBTS):

- Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
- ➤ Will make available applicable student consumer information required under Title IV.
- > Certifies that the student is making satisfactory academic progress toward the completion of his or her degree at the home school (NBTS).
- Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
- ➤ Will calculate returns of the Title IV funds, when appropriate.
- > Will maintain Title IV recordkeeping and reporting requirements.

Home School Financial Aid Coordinator's Signature:		
Printed Name:		
Date:		
Financial Aid Coordinator's E-mail Address:		
Phone:(732) 247-5241 ext.1752		
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SECTION IV: To be completed by St. John's finance	eral and officer:	
Will the student receive financial aid at your institution?		
Type & amount of funding from host school:		
Grants:		
Grants:Scholarships:Scholarships:Scholarships:Scholarships:Scholarships:	<u> </u>	
Other:	\$	
Enrollment period dates: From:	To:	_
Tuition and fees: \$	Room and Board: \$	
Books and Supplies: \$	Transportation: \$	
Misc. personal expense: \$	Other (specify): \$	

Name, address, telephone number, and e-mail address of person at host school to whom check(s) for payment should be sent:		
Under this consortium agreement, the host school:		
<ul> <li>Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.</li> <li>Will make available applicable students consumer information required under Title IV.</li> <li>Will provide the home school with documentation of the student's enrollment at the host school.</li> <li>Agrees to notify the home school if the student fails to enroll in or withdraw from, the host school (to include the withdrawal date and other relevant information).</li> <li>Will provide the home school with a host school academic transcript upon completion of the consortium period.</li> </ul>		
Host School Financial Aid Officer's Signature:		
Printed Name:		
Title:		
Date:		
Financial Aid Officer's E-mail Address:		
Phone: ()		
Comments:		

### Please return this form to:

### NEW BRUNSWICK THEOLOGICAL SEMINARY

Attn: Office of Finance/ Financial Aid 35 Seminary Place New Brunswick, New Jersey 08901-1196 Phone (732) 247-5241 ext 1752 Fax (732) 545-0802