



Northeastern Illinois University Financial Aid, Scholarships and Student Employment

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financial-aid@neiu.edu ● neiu.edu/financial-aid ● Check your financial aid status at neiuport.neiu.edu

Undergraduate Consortium Agreement Request

Name: _____ SSN: ____/____/____

Address: _____

City/Zip Code: _____ E-MAIL: _____@_____

Telephone Number: (_____) _____

To complete your Undergraduate Consortium Agreement Request, please provide all of the following:

- _____ Number of NEIU (home school) enrollment hours for the current term must be greater than half-time
- _____ Course name, number and enrollment hours that you wish to take at another institution (host school)
- _____ Statement as to why you need to take the course at another institution (attach)
- _____ Written approval from departmental academic advisor verifying that the course(s) being taken meet degree requirements **AND** that transfer credit will be accepted in return by NEIU (attach)

Host School: _____

Term(s) enrolled and date(s) of enrollment: _____

Course Name at Host School	Course #	Credit Hours
_____	_____	_____
_____	_____	_____

Host School Credit Hours enrolled: _____ NEIU Credit Hours enrolled: _____

STUDENT CERTIFICATION STATEMENT

If this request is approved, I understand that the financial aid office at Northeastern Illinois University will provide payment(s) to me, for the term(s) and enrollment specified above. If I am enrolled full-time at Northeastern, I understand that my maximum financial aid eligibility is determined by those hours, not the additional hours taken at the host institution. **I am responsible for the payment of tuition and fees to the Host School.** I am responsible for any duplicate financial aid payments in the instance both schools provide payment(s).

Further, I understand my complete withdrawal at the host school may affect my financial aid eligibility for future term(s) at Northeastern Illinois University.

SIGNATURE:

Student Name

Date