



Financial Aid
 1621 N 13th and Bern Streets Reading, PA 19604
 Website: www.albright.edu/admission-aid/financial-aid/

Email: finaid@albright.edu
 Telephone: (610) 921-7515
 Fax: (610) 921-7729

Deadlines for Completion of Agreement: Fall Semester November 12, Spring Semester April 1, Summer Semester June 24

2021-2022 Financial Aid Consortium Agreement

Between

Albright College	And	
(Home School)		(Host School)

Section I: To be completed by student	
Name:	Albright Student ID:
Telephone Number:	Email:
Permanent Address:	Temporary Address (if applicable):

Consortium Period (select one):
 Fall 20 Spring 20 Summer 20

The purpose of this agreement is to allow the degree- seeking students to receive financial aid for concurrent enrollment at Albright College (home institution) and another regionally accredited higher education institution (host institution).

Under this consortium agreement the student agrees to:

1. Complete all sections of this form by the deadlines listed above
2. Attach a copy of your registration/course schedule and bill at the host school
3. Inform Albright and the Financial Aid Office of the host school of any changes in enrollment at the host school
4. Provide Albright a copy (official or unofficial) of an academic transcript within 14 days of the completion of the consortium period and/or academic term
5. Pursue a degree only at Albright and understand that financial aid is only to be disbursed by Albright
6. Pay tuition and fees at Albright and the host school
7. Understand that courses taken at the host school will be included in the consideration of Albright Financial Aid Satisfactory Academic Progress
8. Failure to submit a transcript from the host school following the semester in which this agreement is used will delay any future financial aid disbursements.

Student Signature _____ Date _____

Section II: To be completed by Albright Academic Advisor

List the course(s) to be taken at the host institution and the course requirement satisfied at Albright during the semester of concurrent enrollment under this consortium agreement

Host institution course title/number	Units	Meets Albright requirement for course

I confirm that the courses to be taken at the host institution under this consortium agreement are eligible as transfer units towards the student's degree program at Albright

Advisor Name _____

Advisor Signature _____

Date _____

Section III: To be completed by the Financial Aid Office of the Host School

Enrollment Period Dates: From _____ to _____

Tuition and Fees _____ Number of Units _____ Term/ Year _____

Name, address, and telephone number of person to whom check(s) for payment should be sent:

Under this agreement the host school:

- Understands that financial aid will only be disbursed by Albright
- Provide Albright with documentation of the student's enrollment at the host school
- Inform the student that this completed agreement needs to be submitted by the appropriate deadline

Host School Financial Aid Officer Name _____ Date _____

Signature _____ Email _____ Phone _____

To Submit: Either Host School Financial Aid Office or Student can submit completed form by email, regular mail, or fax to:

**Albright College
Financial Aid Office
Thirteenth & Bern Streets
Reading, PA 19612
P: 610-921-7515
F: 610-921-7729**