

CONSORTIUM AGREEMENT

FROM: HOME INSTITUTION

Academy for Five Element Acupuncture
Student Financial Aid Office
305 SE 2nd Avenue, Gainesville, FL 32601
Phone: 352.335.2332
Fax: 352.337.2535
ATTENTION: REGISTRAR

TO HOST SCHOOL:

Name _____
 Title/Office _____
 Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email _____

Student _____ SSN _____ Term _____ Date _____

The following agreement is to provide the legal basis required by the U.S. Department of Education to process Title IV Student Financial Aid for a student matriculated at **Academy for Five Element Acupuncture (the Academy) (the home institution)**, but studying at: _____ **(the host institution)** for a limited, specified period of time. The Academy agrees to accept credits at the Host Institution as equivalent to course work at the Home Institution. This Consortium Agreement will allow the Academy to disburse financial aid based on the student's combined enrollment at both institutions. The Academy is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all charges are paid to the Academy, the Academy will disburse any excess aid to the student. The Academy is responsible for all administrative issues related to Title IV. **The student is responsible for using any refund(s) to pay the charges at the Host Institution.**

The Host Institution agrees not to provide any Financial Aid (private or Title IV) to the student during the specified enrollment period. The Host further agrees to confirm enrollment of this student by signing this form, and agrees to inform the Academy immediately if the student withdraws from this course or courses.

HOST SCHOOL SECTION: (Please email completed form to registrar@acupuncturist.edu or fax to 352.337.2535)

Tuition and Fees _____ Books and Supplies _____ Last day to drop: _____

Is an extension for completion allowed? Yes No If yes, how long? _____

Course Name	Course #	Credit Hrs.	Enroll date	Course type		
				Onsite	Online	Independent

PERSON SIGNING FOR HOST SCHOOL (If different from Host School recipient, complete the name, title and email sections below).

Name _____ Title _____ Email _____

Authorized Signature _____ Date _____