



**Enrollment Services**  
**125 Michigan Avenue NE**  
**Washington DC 20017**  
202.884.9530 fax: 202.884.9524

## FINANCIAL AID CONSORTIUM AGREEMENT PROCEDURES

To receive financial aid while taking classes at another school, students must complete the Financial Aid Consortium Agreement process. Students may not receive financial aid at two schools for one academic period, so as a Trinity student it is important to have your financial aid through Trinity. Not to be confused with the DC Consortium of Universities, Financial Aid Consortium Agreements are needed whenever a Trinity student wants financial aid for classes off campus.

Trinity, your home school, will process your financial aid based on the coursework you are also taking as a visiting student at another college. It is your responsibility to submit all the required information in order to have your financial aid request processed. The following procedures will help you in completing your Consortium Agreement paperwork.

Please note Trinity aid, DC Tuition Assistance Grants, and DC LEAP Grants will not be awarded based on classes taken off campus through a financial aid consortium agreement. Students may receive aid from federal and private programs only.

1. Provide a copy of the **Request to Take Off Campus Courses Form** to the Office of Enrollment Services. This is written approval to take the coursework at another college indicating it will be accepted back at Trinity for transfer credit toward your degree requirements. Coursework that is not part of your current Trinity degree requirements may not be included.
2. Submit a **Financial Aid Consortium Agreement Form** to the financial aid office at the host school you are visiting. The host school financial aid office must complete the form and return it to Trinity. This form lets us know the expenses involved with attending the other school and allows us to determine your aid eligibility. A blank form is attached.
3. Submit the Free Application for Federal Student Aid (FAFSA) and any additional documentation requested by the Office of Enrollment Services at Trinity.
4. Students who withdraw from classes may lose financial aid eligibility. It is the student's responsibility to check with Trinity's Office of Enrollment Services to find out if there will be an impact on eligibility if they withdraw from any courses.
5. A Consortium Agreement may be processed for only one semester; therefore, students who need an additional agreement processed will be responsible for completing a new agreement each semester.
6. All financial aid proceeds will be paid to Trinity, and any proceeds in excess of your Trinity bill will be sent as a refund to the student or sent to the other school. You are responsible to make payment arrangements with the other school. If you need Trinity to send funds to the other school, you must notify us in writing of the amount to send and the school's mailing address.
7. To complete the consortium agreement process, you must provide Trinity with your **official transcript** showing the coursework completed at the host school. Failure to provide an official transcript by the start of the following semester may result in a registration hold being placed on your student account.

Questions? Contact:  
Office of Enrollment Services  
(202) 884-9530  
[enrollmentservices@trinitydc.edu](mailto:enrollmentservices@trinitydc.edu)

**TRINITY OFFICE OF ENROLLMENT SERVICES  
FINANCIAL AID CONSORTIUM AGREEMENT**

The Financial Aid Office of \_\_\_\_\_ (Host School) and Trinity's Office of Enrollment Services will enter into a consortium agreement for:

Student: \_\_\_\_\_ SSN: \_\_\_\_\_

Semester: \_\_\_\_\_ 20\_\_\_\_ Program: \_\_\_\_\_

**HOST SCHOOL CERTIFICATION**

- The host school certifies that the student has been accepted for enrollment and that the program meets federal financial aid requirements.
- The host school agrees to notify Trinity if the student fails to enroll or withdraws from the program.
- The host school agrees not to provide payment to the student under the federal financial aid programs.

*Enrollment Period:*  
From: \_\_\_\_\_ To: \_\_\_\_\_

*Enrollment Status:*  
Full Time: \_\_\_\_\_  
Three-quarters Time: \_\_\_\_\_  
Half Time: \_\_\_\_\_  
Less than Half Time: \_\_\_\_\_

*Student Expenses:*  
Tuition & Fees: \_\_\_\_\_  
Room & Board: \_\_\_\_\_  
Books & Supplies: \_\_\_\_\_  
Travel: \_\_\_\_\_  
Personal: \_\_\_\_\_  
Total: \_\_\_\_\_

*Institutional Award:* \_\_\_\_\_

*Disbursements in excess of current Trinity tuition will be directed to the student's home address on record unless otherwise requested by the student in writing.*

Host School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TRINITY CERTIFICATION**

- Trinity agrees to provide payment to the student, if eligible, under the Pell Grant, Stafford Loan, and/or PLUS Loan programs as appropriate.
- The student is enrolled in a degree-seeking program and is maintaining satisfactory academic progress.
- The credits earned at the host school are transferable to Trinity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Request to Take Course(s) at Another Institution**

Please print clearly. This form is to be submitted before taking course(s) at another institution and serves to clarify for the student what transfer credit he or she may expect upon successful completion of the course indicated. If interested in taking a course through the Consortium cross-registration program, please obtain the Consortium Registration Request form. The student must provide a course description to his/her advisor before seeking approval. For CAS students, if this course is to be used for FLC requirements, or toward major or minor requirements, approval of the relevant department chairperson is also required. *Upon completion of the course, the student is responsible for submitting an official transcript to the Enrollment Services Office for final evaluation of the transfer credit.*

**Please return the completed form (with all signatures) and the course descriptions to the Enrollment Services Office.**

Student Name: (F) \_\_\_\_\_ (L) \_\_\_\_\_ PC ID# or SSN: \_\_\_\_\_

School: CAS  SPS  EDU  Name of Advisor: \_\_\_\_\_

Institution where course(s) will be taken: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Courses to be taken at other institution</b>			<b>Trinity Equivalent* (to be completed by advisor)</b>			Check Here if No Equivalent**
Course ID	Credits	Course Title	Course ID	Credits	Course Title	

\*Advisor/Dept. Chair: Please indicate above your recommendation for how this course will transfer to the student's Trinity degree program. The Office of Enrollment Services will determine final transfer credit after an official transcript is received.

\*\*No direct Trinity equivalent. Any transfer credits awarded for this course will be elective credit. Note: electives may be used to satisfy major/ degree requirements with proper approval.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair Signature (CAS students only): \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_