## West Virginia State University Office of Financial Aid and Scholarships 2024-2025 Consortium Agreement Form

Last Name, First Name, MI	Social Security Number		
HOST SCHOOL SECTION			
Name of Institution:			
Number of Credit hours enrolled:	Fall	Spring	Summer Semester(s)
Enrollment Period Dates:		to	
Actual Tuition and Fees: \$			
Total Account Balance: Ha	ıs Been Paid	H	as Not Been Paid (by the student)
If the student were enrolled on full-time ba	sis for a <u>full aca</u>	demic year, the	actual charges would be:
TUITION & FEES \$ HOUSIN	NG & MEALS \$_	B(	OOKS & SUPPLIES \$
The above is true to the best of my knowledge Scholarships at the home school, West Virginia enrollment status indicated above prior to procenrollment status.	a State University	, within two weeks	should the student change their
SIGNATURE	DATE		
TITLE	TELEF	PHONE	
<ul> <li>HOME SCHOOL SECTION:</li> <li>Upon receipt of the information above, the</li> <li>Determine if the student is meeting the student aid eligibility requirements.</li> <li>Secure documentation from the studer</li> <li>If appropriate, process and distribute fi</li> <li>Distribute any Title IV funds applicable status.</li> </ul>	home institution of that the credits on that the credits	n's satisfactory a s will transfer. e student after d	ocumentation is received.
SIGNATURE	DATE		
TITI F	TFLFF	HONE NUMBER	

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