



**Consortium Agreement – Distance Ed
TBC “Home”**

**(this form must be completed in its ‘entirety’ and signed by the
‘host’ campus before submitting to TBC for consideration)**

A consortium agreement is a written agreement between two or more eligible schools. A consortium agreement can apply to all FSA programs. Trinity Bible College will calculate and disburse all financial aid, monitor satisfactory progress, keep records, and return funds in the event of a student withdrawal.

Student Name: _____ Last four digits SS#: _____
 Address: _____
 Phone #: _____ What term? (circle) **Fall** **Spring** Summer Year **20** _____
 Enrollment Status @ Trinity **Full Time** or **Part Time** (circle)
 Enrollment Status @ VCSU **Full Time** or **Part Time** (circle)

I agree and understand:

- 1. That I am expected to utilize my TBC email account at all times (mandatory for communication).**
- 2. That I must file a form for each campus ‘hosting’ a course(s) for the semester in question.**
- 3. That I am solely responsible for making sure any tuition, fees, room and board and any other fees charged by the host institution are paid on schedule.**
- 4. To give the host institution permission to release all information necessary to approve this application.**
- 5. Trinity will grant a Biblical Studies degree while VCSU will grant an EI Ed or PE Degree.**
- 6. Trinity’s Tuition for 2019-2020 is \$503 per credit hour, room is \$1404 (double), and board is \$1695 (19 meals per week).**
- 7. VCSU’s Tuition (and fees) for 2019-2020 is \$272.09 per credit hour for in-state and online.**
- 8. I understand that by requesting this consortium I agree to have a grade transcript sent from the ‘host’ campus to TBC at the end of this semester (future aid will be on ‘hold’ until transcript(s) are received/evaluated).**

Student Signature: _____ Date: _____
 Host Institution: Valley City State University
 Mailing Address: 101 College Street SW Valley City, ND 58072
 Financial Aid Office Phone: 701-845-7412 FA Office Fax: 701-845-7410

Courses you will be taking at the Host Institution:

Course Number	Course Title	Credit Hours

The “host” institution Financial Aid Office will review this agreement and, if approved, forward it to TBC’s fax of 701-349-5786. **The “host” campus agrees not to provide financial aid to this student during this term.**

Host Campus: Valley City State University Phone #: _____
 Financial Aid Officer: _____ Date: _____
 Email address contact: _____ **Revised: 7/31/2019**