SECTION I: TO BE COMPLETED BY THE STUDENT

Name: ___________________________ Student ID Number: ___________________________
Home Phone: ___________________________ Campus/Cell Phone: ___________________________
Consortium Term:  □ Fall  □ Spring  □ Summer  Year: ___________________________

Please note: With few exceptions a consortium agreement specifically applies to one term of enrollment.

Do you plan to enroll at Johnson University Florida (JUFL) during the consortium term? (Please check one)  □ Yes  □ No
If “Yes”, how many hours do you plan to enroll at JUFL? ___________________________

Statement of Authorization:
I agree to:
• Have the host school send the completed form by the first Friday of the consortium term to JUFL.
• Complete the hours indicated in Section IV of this agreement at the host institution and the hours listed above at JUFL.
• Comply with JUFL’s and the host school’s policies regarding refunds, Satisfactory Academic Progress, and all other eligibility requirements. Students must pay all tuition, fees and prior term balances seven calendar days before the first day of classes. Processing of this form does not constitute a valid reason for late payment of fees at Johnson, as fee payment deadline is prior to the form completion deadline.
• Pay enrollment fees in a timely manner to both the host school and JUFL. (Please note: Financial aid will disburse according to JUFL’s disbursement schedule. If enrollment fees are due at the host school prior to financial aid being disbursed to your account at JUFL, it is your responsibility to pay your host school in a timely manner.) Financial aid received from JUFL will not be directly transferred to your host school.
• Ensure that an official academic transcript from my host school is provided to the JUFL Registrar’s Office at the completion of the course.
• Allow JUFL and the host school to share information related to my enrollment and financial aid eligibility.
• Failure to successfully complete any/all courses at the host institution or JUFL could affect my financial aid package. A Consortium Agreement must be in place no later than the end of the Add/Drop period, or my financial aid package will be adjusted based on my enrollment at JUFL.

Student’s Signature: ___________________________ Date: ___________________________

SECTION II: TO BE COMPLETED BY THE JOHNSON UNIVERSITY FLORIDA REGISTRAR

(Student’s Name) ___________________________ intends to enroll in the following courses at ___________________________ (host school). These courses are the academic equivalent to the JUFL courses listed. (Please list additional courses on a separate sheet, if necessary.)

Course: ___________________________ JUFL Equivalent: ___________________________
Course: ___________________________ JUFL Equivalent: ___________________________

My signature below confirms that the courses to be taken at host school will be accepted as partially fulfilling the requirements of the student’s degree program at JUFL.

Registrar’s Signature ___________________________ Date: ___________________________
Registrar’s Printed Name ___________________________ Phone Number ___________________________ Email Address ___________________________
My signature below affirms that I have gone over the terms of the consortium agreement with (Student Name) _____________________________. To the best of my knowledge, the student meets the terms of this agreement.

Assistant Director of Financial Aid Signature ____________________________ Printed Name ____________________________ Date __________


Enrollment Dates at Host School: _____________ to _____________

Enrollment Status while at Host School: ☐ < ½ time ☐ ½ time ☐ > ½ time ☐ full time

Please list below all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.)

Course: ____________________________ Credit Hours: _________ ( ☐ semester / ☐ quarter )
Course: ____________________________ Credit Hours: _________ ( ☐ semester / ☐ quarter )

Total Credit Hours: _____________

Cost of Attendance for enrollment period stated above:

Tuition & Fees: $ _____________
Room & Board: $ _____________
Books & Supplies: $ _____________
Transportation: $ _____________
Other (Please Specify): $ _____________

TOTAL $ _____________

As a representative of the host institution you agree to:

• Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV and State financial aid requirements.
• Not award any federal, state, institutional, or private aid during the time the student is enrolled at your school.
• Accept payment from the student, apply it to your enrollment charges and disburse any credit balance to the student in accordance with your school's policy.
• Notify Johnson University Florida (JUFL) immediately to supply the effective date(s) if the student withdraws or drops any hours reported in this agreement.
• Upon the student's request, facilitate the release of an official academic transcript to JUFL upon completion of the consortium term. (Please note: The student's signature in Section 1 of this agreement authorizes the host institution to provide an official academic transcript to JUFL.) Please send the transcript to the following address:

Registrar's Office
Johnson University Florida
1011 Bill Beck Blvd
Kissimmee, FL 34744

Signature ____________________________ Date __________
Printed Name & Title ____________________________ Office Phone ____________________________
Email Address ____________________________ Office Fax ____________________________

Completed agreements can be mailed to the address indicated below or faxed to 321.206.2007. Please send to the attention of: Assistant Director of Financial Aid.