



THE KING'S COLLEGE
NEW YORK CITY

CONSORTIUM CONTRACTUAL AGREEMENT FORM

As allowed in Part 668.19, Student Assistance General Provisions and part 690.9(a)(1);(2), Pell Grant Program, Code of Federal Regulations, this Consortium/Contractual Agreement is entered between the institutions listed below for the purposes of providing federal financial assistance to the named student. The King's College remains the degree granting institution.

STUDENT INFORMATION

Student Name SSN

Permanent Address (Include APT. #)

Expected Date of Graduation Enrollment: (Indicate Semester and Year) Name of Host Institution

List the courses to be taken at the host institution

Number	Title	Number of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT CERTIFICATION

I understand that by signing this agreement, I am asking The King's College to provide federal and/or state financial assistance for classes that I agree to complete at the host institution. I understand that this consortium/contractual agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new agreement for each period of attendance at the host institution. To the best of my knowledge, all information on this form is true and complete.

Student's Signature Date

**The second page of this form is to be completed by
the host institution and The King's College**

TO BE COMPLETED BY THE HOST INSTITUTION

The student submitting this form to you is requesting financial aid at The King's College under a consortium/contractual agreement with your institution. Please provide the requested information.

Is the above named student receiving any financial assistance through your institution for the enrollment period listed in Section I? YES NO

If yes, please list type and amount: _____

Cost of program, in USD, for the term dates on this agreement:

Tuition	\$
Room	\$
Board	\$
Travel (round trip airfare)	\$
Applicable Fees	\$
Miscellaneous Expenses	\$
TOTAL	\$

Is the student currently registered for the classes listed in Section I? YES NO

These classes begin on _____ and end on _____.

I certify that the information provided above is accurate. I agree to notify the Financial Aid Office at The King's College if the student withdraws from any of these classes.

Registrar's Signature, Host Institution

Date

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR, THE KING'S COLLEGE

The courses listed in Section I, which will be taken at the host institution, will be accepted toward the student's undergraduate degree.

Registrar's Signature, The King's College

Date

TO BE COMPLETED BY THE FINANCIAL AID OFFICE, THE KING'S COLLEGE

The King's College agrees to pay federal and/or state financial assistance based on the information provided in this agreement.

Financial Services Officer, The King's College

Date