



GRADUATE CONSORTIUM AGREEMENT

To Be Completed by The Student:

Student's Name _____ Student ID # _____ E-mail Address _____

Permanent Home Address _____ City/State _____ Zip Code _____

Home School

The University of Chicago

Please complete and return to address above.

Host School: _____

The student listed above is a candidate for a _____ degree at The University of Chicago. However, the student will attend the host institution, listed above, as a transient student during the indicated term(s): Summer ____ Autumn ____ Winter ____ Spring ____

The student above has permission to attend the host institution. The credits earned at the other school will count towards the students' degree at the University of Chicago.

Dean of Students Signature _____ Date _____

Student Signature _____ Date _____

To Be Completed by The Financial Aid Office At The Host Institution:

The student above has requested Federal Loan assistance at the University of Chicago. We will consider the student to be enrolled in an eligible program of study, determine eligibility for the loan programs, disburse funds, and be responsible for compliance with established policies, including the responsibility for determining refunds and/or repayments resulting from the student's withdrawal from classes. Your institution agrees to provide the University of Chicago with the cost of education, enrollment verification, change in enrollment status, and, if necessary, any supporting documentation. The contents of this agreement are effective for the term specified above and are set forth to comply with Federal regulations.

Department/division for which student will enroll: _____ Term System: Quarters Semesters

Student's enrollment status: full-time half-time less-than-half-time

Costs of Attendance	Summer	Autumn	Winter	Spring
<i>Date Each Term Begins</i>				
<i>Number of units/credits enrolled</i>				
Tuition				
Mandatory Fees				
Housing and Meals				
Books and Supplies				
Transportation				
Personal Expenses				
Other, please specify:				
Total Costs of Attendance				
Institutional Grant/Gift Aid Awarded				
Institutional Loan Assistance Offered				

Print Name _____

Signature _____

Fax Number _____

Title _____

Phone Number _____

E-Mail Address _____