



Financial Aid

P O Box 6905 Radford VA 24142 · finaid@radford.edu
Phone 540.831.5408 · Text 540.328.9360 · Fax 540.831.5138 · www.radford.edu/finaid

Consortium Agreement Request

This form is to be used by students who wish to have the hours that they are taking at another institution counted with their Radford University hours for purposes of financial aid eligibility (students must be enrolled in a minimum of 3 credit hours at Radford University during the term they are seeking to dual enroll). Students who take courses at another institution and have the credit transferred back to Radford University must have this form completed by their advisor. *Students cannot receive federal aid at more than one institution at the same time.*

Student Name: _____ **Radford ID#** _____

Phone Number: _____

Name of Institution Attending: _____ **Student Id#** _____

Term Attending: _____

I understand that by submitting this form that I am responsible for paying the transient institution for all enrolled coursework and that my financial aid will be processed once my enrollment has been confirmed by the transient institution.

Student Signature: _____

Classes at Host Institution	Credit Hours	Classes at Radford University	Credit Hours

Advisor Signature: _____ **Date:** _____