

STUDENT FINANCIAL SERVICES

Raker Student Success Center | 2nd Floor
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Financial Aid | finaid@nsc.edu | 702.992.2150 | FAX 702.992.2151
Student Accounts| sfs@nsc.edu |702.992.2120 | FAX 702.992.2121
Veterans Benefits | va@nsc.edu |702.992.2199 | FAX 702.992.2151

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PLEASE NOTE: If the Registrar indicates "N" re the course cannot be included in the cons									_	_		•	ility,						NS Credit Evaluator Signature									Date										
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NS FINANCIAL AID CONSORTIUM AGREEMENT – 2023-2024 Page 2 **NSHE ID#** Student Last Name **Student First Name** Section 5: Student must sign and submit with required supporting documentation By my signature affixed below: 1. I confirm Sections 1-4 of the consortium agreement are completed accurately to the best of my knowledge, and I have attached the following required documents: Proof of registration from the Host Institution Proof of payment in full for tuition and fees at the Host Institution > Exception: Students enrolled in the BS-NUR program taking courses NURS 410, 426, 703 or 704 are exempted from this requirement. I understand to be considered for approval, Sections 1 – 5 of the consortium agreement must be complete and submitted to NS Financial Aid no later than the last day to add/drop classes for the NS semester indicated in Section 1. I understand NS Financial Aid will email me a copy of the consortium agreement, indicating approval or denial, within 14 days of receipt. I will immediately notify NS Financial Aid if my enrollment changes at NS or the Host Institution. Changes in enrollment may invalidate the consortium agreement or require reduction or cancellation of awards, which may result in a balance owing to NS or the U.S. Department of Education. I understand that the cost of attendance budget used to determine financial aid eligibility may be modified (increased or decreased) based on information contained within this consortium agreement. This may affect the types and amounts of financial aid for which I am eligible. I understand this consortium agreement applies only to the following types of aid: Federal Pell Grant Federal Iraq & Afghanistan Service Grant Federal Supplemental Educational Opportunity Grant (FSEOG) Federal Direct Stafford and PLUS Loans I will submit official transcripts from the Host Institution to the NS Registrar's Office indicating grades for the consortium courses within 30 days of the end of the consortium semester. All consortium courses will be included in my NS Satisfactory Academic Progress pace calculation. If I do not submit transcripts within the required time frame, NS will assume I did not complete any of the consortium courses. If I do not successfully complete NS courses and do not provide a transcript demonstrating successful completion of any consortium credits, any aid awarded for the consortium semester may be subject to reduction or cancellation, which could result in a balance owing to NS or the U.S. Department of Education. Failure to submit transcripts will disqualify me from future consortium agreements. If I had extenuating circumstances preventing me from submitting transcripts by the deadline, I may submit a Consortium Agreement Appeal form. Students whose consortium agreements were denied or who have lost eligibility based on not meeting the terms of a prior consortium agreement may contact the Office of Financial Aid to discuss their options for appeal **Student Signature** Date Section 6: To be completed by NS Financial Aid Office DENIED: _____ **APPROVED** NS Costs: Tuition/Fees: \$_____ Room and Board COA: \$_____ Revised Semester COA: \$_____ ☐ Meeting SAP ☐ 12+ DS NS Credits Completed ☐ 6-11 FA Credits ☐ Degree-Seeking ☐ Declared Major New Level: HT TT FT ☐ Past Consortium: Approved or Denied If approved, NS, the home institution and degree-granting school, will be responsible for calculating awards and disbursing aid to the student during the enrollment period designated within this agreement. NS will monitor eligibility requirements and enrollment status for credits taken at NS, and if the student withdraws completely, NS will perform required Return to Title IV calculations.

Printed Name

NS FAA Signature

Date

NSHE ID