



2025-2026 Consortium Agreement- Coursework Elsewhere

The section below is to be completed by the STUDENT:	
Student's Name: _____	Eastern ID#: _____
INSTITUTIONS:	Home Institution- <u>Eastern University</u>
	Host Institution- _____
I understand:	
<input type="checkbox"/> I cannot receive financial aid at two schools during the same enrollment period. <input type="checkbox"/> I must have approval from Eastern's Registrar to transfer these Consortium course(s). <input type="checkbox"/> If I add/drop courses listed on this form, I must notify Eastern University's Student Aid Office and the Registrar immediately. <input type="checkbox"/> At the end of the enrollment period covered by this agreement, I must provide an OFFICIAL academic transcript to Eastern University, Office of the Registrar.	
Student's Signature: _____	Date: _____

The section below is to be completed by the HOST INSTITUTION:			
Semester of Study: <input type="checkbox"/> Summer 2025 <input type="checkbox"/> Fall 2025 <input type="checkbox"/> Spring 2026			
Dates of Enrollment at Host Institution: _____ through _____			
Course #	Course Title	# of Credits	Cost (tuition & fees)
Signature of Authorized School Official, Host Institution: _____ Date: _____			

The section below is to be completed by EASTERN'S REGISTRAR:	
This Consortium Agreement is:	_____ Approved _____ Not approved
The combined enrollment is:	_____ Full-time _____ Half-time _____ Less than Half-time
Registrar's Signature: _____	Date: _____

Please return completed form to Eastern's Registrar for approval.
 Phone:(610)341-5853 / Fax:(610)341-1707 / registra@eastern.edu / 1300 Eagle Road, St. Davids, PA 19087