

Indiana University South Bend
Office of Financial Aid and Scholarships
1700 Mishawaka Avenue
P.O. Box 7111
South Bend, IN 46634
574-520-4357 / FAX: 574-520-5561

INTER-CAMPUS AGREEMENT

2018-2019 Academic Year
2019 Summer

IUSB will no longer transfer credit balances to the Host institution. Students will be responsible for paying any outstanding balance to the Host institution.

According to federal regulations, a Consortium Agreement must exist before a home institution can process an application for federal funds for students attending another institution. IU South Bend will be the Home school only when another IU school is the Host. Therefore, the two IU institutions named below herein enter a Consortium Agreement for:

STUDENT'S NAME _____ UID _____

Home Institution INDIANA UNIVERSITY SOUTH BEND IU Host Institution _____

I agree to notify the IUSB Financial Aid Office of any changes in my enrollment at the Host Institution.

Student Signature _____ Date _____

TO BE COMPLETED BY STUDENT'S IU SOUTH BEND ACADEMIC ADVISOR

The above named student is enrolling in the course(s) listed below at: _____
(IU Host School)

Note: List course number not section number

Course # Course # Course # Course # Course # Course # Course #

for a total of _____ credit hours during the _____ semester

I certify the course(s) listed will count toward the student's degree requirements and will be recorded on the student's IU transcript.

Academic Advisor's Printed Name _____ EXT _____ Date _____

Academic Advisor's Signature _____

FINANCIAL AID CERTIFICATION

IUSB institution **agrees** to provide payment(s) to the above named student for the term specified.

Student is enrolled in the above referenced courses as of _____.
(Date)

Signature for Indiana University South Bend (Home Institution) _____