OLD DOMINION UNIVERSITY CONSORTIUM AGREEMENT

PORTION A: TO BE COMPLETED WITH YOUR STUDENT SUCCESS ADVISOR

Old Dominion University
Office of Financial Aid
Norfolk, VA 23529

Host Institution: _________________________
Street Address: ___________________________
City, State, Zip: __________________________

Student Name: _________________________       ODU University ID # (UIN): __________________   Community College or EMPL ID #: _____________________

Academic Year: __________________     Semester: ______________________

The Financial Aid Office of ___________________________________ (host institution) agrees to enter into a consortium agreement with the
Financial Aid Office of Old Dominion University (home institution) for the student and academic period indicated above. This student has
permission from the home institution to take a course(s) at the host institution. Said course / courses will transfer to the home institution to be
applied to the student’s degree, as verified below. Old Dominion University will only process consortium agreement forms for approved distance
learning site locations.

The items of agreement are:

Old Dominion University agrees to process the student’s financial aid using the cost of attendance at the host institution.

___________________________________ (the host institution) agrees to not process any financial aid awards for the student for the academic period
indicated above. The above named student will be responsible for payment to the host institution in accordance with their guidelines and policy.

Student Name: ________________________________________________________________________________________________

Last     First     MI

ODU Major: ________________________________________________ ODU Degree Being Sought:  _____________________

ODU Student Success Advisor Name: ___________________________________

Name of course(s) you are currently enrolled in at the Host Institution:

Semester: ________________________ Year: ________________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Subject/Course</th>
<th>Credit</th>
<th>Course Number</th>
<th>Subject/Course</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example, 12345</td>
<td>Subject 101</td>
<td>3</td>
<td>23456</td>
<td>Subject 102</td>
<td>3</td>
</tr>
</tbody>
</table>

As a student, I understand that I am responsible to pay for all tuition and fees for courses at the Host institution upon registration. In
addition, I understand that I am responsible for purchasing books prior to the disbursement of financial aid for the academic period
indicated above. To the best of my knowledge I have accurately completed this form and understand that any incorrect and unclear
information will delay in the process of this form’s completion.

Student’s Signature________________________________________________  Date:   _______________________________

STUDENT NOTE: Once Portion A is completed please submit to your Student Success Advisor.

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STUDENT NAME: __________________________________________ UIN _________________________________________

PORTION B: TO BE COMPLETED BY STUDENT SUCCESS ADVISOR

Upon consulting the student’s academic transcript, I find that the courses above are fully creditable toward the student’s stated degree goal. I further certify that the student has registered for the above courses at a federally approved Old Dominion University site location. I will notify the Financial Aid Office at Old Dominion University should the student’s enrollment change.

_____________________________________ _______________________________  ________________
Student Success Advisor (print)                  Signature                   Date

PORTION C: TO BE COMPLETED BY HOST INSTITUTION

PLEASE COMPLETE COST OF ATTENDANCE FOR ABOVE STUDENT

(TENTATIVE pending receipt of Concurrent Enrollment Form from Old Dominion University)

Tuition for ________ hours at $ _________ per credit hour = ____________________________________
(Total Credit Hours)                            (Total Cost)

Fees, if any $ ______________

_____________________________________             _____________________________________            _____________________
Host Financial Aid Representative                        Signature               Date

PORTION D: TO BE COMPLETED BY HOME INSTITUTION

_____________________________________             _________________________  _____________
Director of Financial Aid                                      Signature                   Date

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