



2024-2025 Consortium Agreement- Coursework Elsewhere

The section below is to be completed by the STUDENT:

Student's Name: _____ Eastern ID#: _____

INSTITUTIONS: Home Institution- Eastern University

Host Institution- _____

I understand:

- I cannot receive financial aid at two schools during the same enrollment period.
- I must have approval from Eastern's Registrar to transfer these Consortium course(s).
- If I add/drop courses listed on this form, I must notify Eastern University's Student Aid Office and the Registrar immediately.
- 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: Summer 2024 Fall 2024 Spring 2025

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