



## 2026-2027 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: \_\_\_\_\_

*Must be hand written or electronic signature.*

**The section below is to be completed by the HOST INSTITUTION:**

Semester of Study:     Summer 2026                       Fall 2026                       Spring 2027

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 / [registrar@eastern.edu](mailto:registrar@eastern.edu) / 1300 Eagle Road, St. Davids, PA 19087