



OFFICE OF FINANCIAL AID
P.O. Box 10 Peru, NE 68421
402-872-2228 | Fax: 402-872-2419
onestop@peru.edu

23-24 Consortium Agreement

PRIDE • EXCELLENCE • RESILIENCE • UNITY

Please have this form prepared in the order outlined. DO NOT complete out of order.

SECTION A: TO BE COMPLETED BY STUDENT.

STUDENT NAME _____ Cell Phone _____

STUDENT EMAIL ADDRESS _____

STUDENT NUID _____ HOME INSTITUTION (Peru State College)

STUDENT ID _____ HOST INSTITUTION

NAME OF HOST INSTITUTION _____

MAILING ADDRESS OF HOST INSTITUTION _____

PHONE NUMBER OF HOST INSTITUTION _____ FAX NUMBER _____

THE COURSES I WILL BE TAKING AT THE HOST INSTITUTION ARE AS FOLLOWS:

COURSE #	SEMESTER CREDIT HRS	COURSE NAME	BEGIN DATE	END DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I CERTIFY THAT I AM SEEKING A DEGREE FROM PERU STATE COLLEGE. I UNDERSTAND I MUST BE **ENROLLED IN AT LEAST 6 CREDIT HOURS AT PERU STATE COLLEGE**. I UNDERSTAND THAT I WILL RECEIVE MY FINANCIAL AID FROM PERU STATE COLLEGE BASED ON MY ENROLLMENT AT BOTH INSTITUTIONS. I REALIZE THAT I WILL BE RESPONSIBLE FOR MAKING PAYMENT TO THE HOST INSTITUTION. I ALSO UNDERSTAND THAT I MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS IN ACCORDANCE WITH PERU STATE COLLEGE'S POLICY AND I AGREE TO HAVE AN OFFICIAL TRANSCRIPT THAT INCLUDES THE FINAL GRADE/GRADES FOR THE ABOVE LISTED COURSE/COURSES FROM THE HOST INSTITUTION SENT TO PERU STATE COLLEGE STUDENT RECORDS.

STUDENT SIGNATURE _____ DATE _____

STUDENT: Forward to the Dean of your Division for completion of Section B.

For Office Use
FA Form

34CNSS

Revised 10-01-22

P.O. Box 10 ♦ Peru, Nebraska 68421-0010 ♦ 402-872-2228 ♦ Fax: 402-872-2419 ♦ WWW.PERU.EDU/FINANCIALAID

Peru State College is an equal opportunity institution. Peru State College does not discriminate against any student, employee or applicant on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, or age in employment and education opportunities, including but not limited to admission decisions. The College has designated an individual to coordinate the College's non-discrimination efforts to comply with regulations implementing Title II of the Americans with Disabilities Act, Titles VI and VII of the Civil Rights Act, Title IX, of the Education Amendments of 1972, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act. Reports regarding discrimination or harassment may be directed to the following Compliance Coordinator. In addition, inquiries regarding non-discrimination policies and practices may be directed to the Compliance Coordinator: Ms. Eulanda Cade, Peru State College, Administration Building, Room 312, PO Box 10, 600 Hoyt Street, Peru, NE 68421-0010, (402) 872-2230 ecade@peru.edu

STUDENT NAME _____ NUID _____

SECTION B: TO BE SIGNED BY ACADEMIC DIVISION DEAN AT PERU STATE COLLEGE AND REGISTRAR.

I CERTIFY THAT THE COURSES LISTED IN SECTION "A" WILL BE ACCEPTED AS TRANSFER CREDITS TOWARDS THIS STUDENT'S DEGREE AT PERU STATE COLLEGE, PROVIDED GRADES OF "C" OR BETTER ARE EARNED.

ACADEMIC DEAN SIGNATURE _____ DATE _____

REGISTRAR SIGNATURE _____ DATE _____

DIVISION DEAN: Forward to HOST INSTITUTION for completion of Section C.

SECTION C: TO BE COMPLETED BY HOST INSTITUTION'S FINANCIAL AID OFFICE.

THE VISITING STUDENT LISTED IN SECTION "A" IS ENROLLED IN _____ SEMESTER/QUARTER CREDIT HOURS AT OUR INSTITUTION.

ENROLLMENT PERIOD _____ TO _____

I CERTIFY THAT OUR INSTITUTION WILL NOT AWARD ANY FINANCIAL AID FOR THIS ENROLLMENT PERIOD AND WE WILL NOTIFY THE HOME INSTITUTION OF ANY CHANGES IN ENROLLMENT FOR THESE COURSES.

FINANCIAL AID OFFICE SIGNATURE _____

TITLE _____ DATE _____

HOST INSTITUTION: PLEASE RETURN TO: Peru State College One Stop Office

SECTION D: TO BE COMPLETED BY PERU STATE COLLEGE'S FINANCIAL AID OFFICE.

TERM ENROLLED _____

CREDIT HOURS ENROLLED AT HOME INSTITUTION _____

CREDIT HOURS ENROLLED AT HOST INSTITUTION _____

TOTAL ENROLLMENT LEVEL FT TQ HT LTHT

REMOTE HOURS POSTED ON FA TERM _____

FINANCIAL AID OFFICE SIGNATURE _____ DATE _____

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