



Birthingway College of Midwifery  
12113 SE Foster Road  
Portland, Oregon 97266  
503-760-3131

### Consortium Agreement Packet

Student Name: \_\_\_\_\_

Term: \_\_\_\_\_

- If this is your first time completing a consortium agreement, make an appointment with the Birthingway Financial Aid Officer to learn how to complete the process.
- **Submit the original consortium agreement form to the Birthingway Front Office.** Be sure you have completed the “Step One: To Be Completed by Student” section of the form.
- Complete the registration process at your host school. You need to be registered at Birthingway and at your host school at least one week prior to the Enrollment Confirmation date of the term covered by this consortium agreement.
- Once the term ends, submit a copy of your unofficial transcript to the Birthingway Financial Aid Office. This must be done within one week after the term ends. It can be a print out from your host school's online system but must show the course(s) you took under this consortium agreement.
- Request that your host school send an official copy of your transcripts to Birthingway by the end of Winter term.

# Financial Aid Consortium Agreement Form

## Information

Students can generally only receive financial aid from one school at a time. Under the terms of a consortium agreement, you may receive financial aid from Birthingway for work completed at Birthingway (the home school where you plan to graduate from) and another school (the host school where you will be taking credits to transfer). **Without a completed consortium agreement, only credits taken at Birthingway will be considered when calculating your financial aid award for each term.**

**You must be registered at Birthingway and submit this form to Birthingway at least one week before the Enrollment Confirmation date of the term covered by this consortium agreement.** Please contact the Financial Aid Officer for this date or see the *Student Handbook and Catalog*. Forms received by the Financial Aid Officer after this date cannot be processed. If you will be attending multiple schools or terms, a separate form must be completed for each school and term.

## Step One: To Be Completed by Student

Student Legal Name (First, MI, Last) \_\_\_\_\_

SSN or Student ID \_\_\_\_\_

Program (Home School) \_\_\_\_\_

Term Covered by Consortium Agreement \_\_\_\_\_

Name of Host School: \_\_\_\_\_

### Coursework to be Taken at Host School

(The enrollment period at the host school must coincide with the term at Birthingway.)

Course Name	Course Number	Credits

### I understand the following (please initial next to each statement):

\_\_\_\_ The coursework I take at my host school must be transferable to my program at Birthingway. I give permission for my host school to share enrollment information with Birthingway College of Midwifery.

\_\_\_\_ My cost of attendance for the term will be determined based on actual costs at both Birthingway and my host school.

\_\_\_\_ I will send my grades from the host school to Birthingway no later than one week past the end of the term at the host school. If unavailable at this time, I will notify Birthingway of when to expect the grades. I understand that future financial aid and consortium agreements may be delayed if grades are turned in late.

\_\_\_\_ To receive financial aid, I must continue to make Satisfactory Academic Progress. I understand that courses included on this agreement will be included in my Satisfactory Academic Progress calculations at Birthingway. I understand that any grades not submitted by official transcript by the end of Winter term will be considered Incomplete for Satisfactory Academic Progress purposes.

\_\_\_\_ I am responsible for making payments to my host school in compliance with their financial policies. I understand that I may have to pay my host school before I receive my financial aid disbursement from Birthingway, whether or not I receive a balance refund check from Birthingway.

\_\_\_\_ I will inform Birthingway of any changes to my enrollment at the host school. I understand that changes to my academic schedule or failure to begin attendance in classes may negate this agreement.

\_\_\_\_ I acknowledge that I have read and understand the refund policies at both Birthingway and at my host school. I am willingly entering into this agreement and understand the consequences of canceling it.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*TURN THIS FORM IN TO THE BIRTHINGWAY FRONT OFFICE!\*\***

Initial Routing: Office Use Only:

Date/time//initial \_\_\_\_\_

Please route to the Program Coordinator.

**Step Two: To Be Completed by Birthingway Student Advisor**

Advisor's Name \_\_\_\_\_

I have reviewed the information above and determined the following:

- Student above is pursuing an eligible program at Birthingway.
- Host school above meets Birthingway's institutional transfer requirements.
- Coursework to be taken at host school is needed by student to meet requirements of their enrolled program.

Advisor Signature \_\_\_\_\_

\_\_\_\_\_ Date

Program Coordinator: Once Step Two is complete, route to the Financial Aid Officer.

**Step Three: To Be Completed by Host School**

Name and Address of Host School \_\_\_\_\_

Name of Designated Officer Completing This Form \_\_\_\_\_

\_\_\_\_\_ Contact Info (Phone and/or E-Mail)

Is the student enrolled at your school in the coursework listed above?    \_\_\_ Yes    \_\_\_ No

Type of Credit Hour Used at Your School    \_\_\_ Semester    \_\_\_ Quarter    \_\_\_ Other\*  
(\*If "Other", please attach a description of the credit system used at your institution.)

Enrollment period for the student at your school \_\_\_\_\_ to \_\_\_\_\_

**Student's Charges at Your School**

Tuition & Fees \_\_\_\_\_ Room/Board \_\_\_\_\_ Other Mandatory Charges \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. Under the terms of this consortium agreement, Birthingway College of Midwifery is the home institution for this student during the enrollment period defined above and will monitor and process the student's financial aid. The student will not receive financial aid at the host school.

Signature of Designated Official \_\_\_\_\_

\_\_\_\_\_ Date

**Please return this form to Birthingway College of Midwifery, 12113 SE Foster Road; Portland, Oregon 97266. If faxing, please send to 503-760-3332, Attn: Financial Aid Officer.**

**Step Four: To Be Completed by Birthingway Financial Aid Officer**

Name of Financial Aid Officer \_\_\_\_\_

Information entered on this form has been reviewed by the Birthingway financial aid office. Birthingway agrees to act as the home institution under this consortium agreement during the enrollment period defined above and will monitor and process the student's financial aid.

Signature of Birthingway Financial Aid Officer \_\_\_\_\_

\_\_\_\_\_ Date

**Final Routing: Office Use Only:**  
 Date/time//initial \_\_\_\_\_ Please route in this order: \_\_\_ FAO \_\_\_ REG \_\_\_ FAO \_\_\_ File