CERTIFICATE FOR STUDENTS ENROLLED AT OTHER INSTITUTION

I, ______________________________, do hereby certify that:

(Student’s Printed Name)

1. I have provided Bellevue University with a copy of my enrollment at
   ____________________________________________.

2. I am not receiving any additional funds at ____________________________
   for this enrollment.

3. I give Bellevue University authority to inquire as to my enrollment status at
   ____________________________________________ as it relates to financial aid.

4. All courses taken at ____________________________ are required for my degree at
   Bellevue University.

5. I will provide Bellevue University with final grade documentation supporting that I
   have completed my course(s) at ____________________________.

6. If I fail to provide Bellevue University with my final grade, my financial aid may be
   refunded to the federal government and I may owe a repayment on a federal grant.

7. I will notify Bellevue University of any change in my enrollment status or academic
   standing at ____________________________.

Name

______________________________

Date

______________________________

CONSORT.DOC
FINANCIAL AID RELEASE FORM

Students attending two institutions during the same semester or attending on a consortium agreement must complete this form and obtain all necessary signatures. Until this form is signed and returned to the funding institution, no financial aid will be released. You are responsible for paying your tuition at the non-funding institution according to their payment policies regardless of whether you have received your financial aid from Bellevue University.

COMPLETED BY THE STUDENT (PLEASE PRINT):

NAME ________________________________________ SS# ____________________

MAILING ADDRESS: ____________________________________________________
Street

City                State                Zip

✓ During what term (enter dates of term) will you be a Co-Enrolled or Consortium Agreement Student? _________________________________.

✓ I am taking classes at (name of school)_______________________________.

✓ I am providing a copy of my registration/enrollment form from the non-funding institution.

✓ I am receiving financial aid from Bellevue University.

____________________________________________________________
Student's signature                                   Date

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TO BE COMPLETED BY THE NON-FUNDING INSTITUTION:

I certify that the above named student is registered for ____________ credit hours during the term stated above and the student is NOT receiving any financial aid through our school for the term listed.

____________________________________________________________
Name of school

____________________________________________________________
School Official's Signature and Title       Date

PLEASE RETURN TO BELLEVUE UNIVERSITY FINANCIAL AID OFFICE