



Start of Semester Learning Agreement

Name: _____

Host University: _____

Kent State ID#: _____

Term: _____

At the start of the semester (with the first 15 days of classes), list the names of the courses you are enrolled in, and the number of credits scheduled. Please have your International Office Advisor/Exchange Student Coordinator sign the bottom of the form. **You do not need to complete this form if you are not using any financial aid or scholarships.**

If your courses listed do not match the courses approved on your TCP, it is **your responsibility** to contact your Academic Advisor and the appropriate department(s) to acquire transfer approval for the missing course(s).

****If this form is not completed and turned in to Kent State University within the first 15 days of classes of your program your financial aid will be removed. ****

A representative at the Student Financial Aid Office will be contacting the host coordinators at each institution to confirm enrollment and method of instruction every 30 days.

In order to expedite the processing of your documents sent to the One Stop, we encourage you to fax (330-672-6001) or submit documents via the 'Contact Us' form on the One Stop website www.kent.edu/onestop.

Course Number	Course Title	Credit Hours	Method of Instruction (Online/In-Person/Hybrid)

I, the Host Coordinator, have met with the Participant above verifying the Participant's enrollment in the courses listed above. I will notify Kent State University if this Participant does not begin attendance in any of the courses listed above.

Host Coordinator/International Office Staff Name

Host Coordinator Signature

Host Coordinator Email

Host Coordinator Phone

Date