2018-2019 Consortium Agreement
Between Kent State University and Visiting Institution

DEADLINE DATES FOR SUBMISSION:
Summer: July 13, 2018       Fall: August 31, 2018       Spring: January 18, 2019

Section I - To be completed by the Student (Print or Type)

Student Name: ____________________       Kent State ID Number: ____________________

School you are visiting: ____________________       ID Number at Visiting School: ____________________

This consortium agreement can be for only one semester at a time. Indicate which semester this agreement is for (select one):  
Summer 2018       Fall 2018       Spring 2019

Number of credit hours you will take at the school you are visiting for the semester you indicated above: __________

Under this consortium agreement I understand I must submit the following:

1. A complete consortium agreement. You must complete Section 1 of this form and then provide this form to the school you are visiting for completion of Section 2.
2. Copy of my schedule at the school I am visiting for the term selected.
3. Copy of the Transfer Course Planning Form signed by you and your Kent State academic advisor.
4. All paperwork must be submitted to the One Stop for Student Services Office at Kent State or your Regional Campus Financial Aid Office.

Under this consortium agreement, I understand I must:

1. Only take courses at the school that I am visiting that are transferable to my degree/certificate/credential program at Kent State. This is certified by the Transfer Course Planning Form.
2. Pay all tuition, fees and other charges at the school I am visiting according to their payment schedule. Kent State will not submit payments to the other school on my behalf.
3. Provide a copy of my transcript/grades from the school I am visiting within 15 days after completion of the semester listed on the consortium agreement.
4. Immediately notify the One Stop for Student Services Office at Kent State, or my Regional Campus Financial Aid Office, of any change in enrollment status at the school I am visiting, including if I withdraw from any course or receive approval for a substitution of approved courses.
5. Maintain compliance with the Satisfactory Academic Progress policy. You may review this policy at http://www.sfa.kent.edu/DownloadForms/SAPPolicy.asp

By signing below, I acknowledge that I understand that if I do not comply with the above requirements, I may lose my financial aid awards.

_________________________________________       _________________________
Student’s Signature       Date

One Stop for Student Services • Kent State University
University Library, Suite 518 • P.O. Box 5190 • Kent Ohio 44242-0001
330-672-6000 (office) • 330-672-6001 (fax) • onestop@kent.edu • www.kent.edu/financialaid

S_SFA_ADH_AHCA
Section 2 - To be completed by the Financial Aid Office at the School the Student is Visiting

Enrollment Period from: ________________________ to __________________________

Total Number of Credit Hours: ________________________

Cost of Attendance Total: $ ________________________

General and Instructional Tuition/Fees: $ ________________________

Other Tuition/Fees $ ________________________

Room/Board $ ________________________

Books/Supplies $ ________________________

Transportation $ ________________________

Personal/Miscellaneous expenses $ ________________________

Other (specify) $ ________________________

Under this Consortium Agreement, the Visited Institution:

- Will notify Kent State University if the student fails to begin attendance or withdraws from any course.
- Certifies the student has been accepted for enrollment in an academic program that meets federal Title IV eligibility requirements.
- Will provide Kent State University with an official academic transcript upon completion of the term.

Financial Aid Representative’s Signature: _______________________________________________________________

Financial Aid Representative Printed Name: _______________________________________________________________

Title: ________________________

Date: ________________________

Phone: ________________________

Email: ________________________

The Kent State University Bursar’s Office will verify the number of hours enrolled at the Visited Institution prior to releasing any funds to the student. Please provide the name, email address, title, and telephone number of the individual who will verify this information if different than above.

Name: ________________________

E-mail: ________________________

Title: ________________________

Phone: ________________________

Signature: _______________________________________________________________

Section 3 - To be completed by the Kent State Student Financial Aid Office

Under this Consortium Agreement, the Student Financial Aid Office at Kent State:

1. Agrees to process the student’s financial aid application and provide payment of financial aid funds, as appropriate, to the student for the consortium period based on the Cost of Attendance provided by the visited institution.

2. Certifies that the student is making satisfactory academic progress towards the completion of their degree/certificate/recognized credential program at Kent State.

3. Will notify the Bursar’s office of enrollment changes to allow for returns of financial aid funds, when appropriate.

4. Will perform Title IV record keeping and reporting requirements.

5. Will ensure aid is disbursed according to Kent State’s disbursement schedule.

6. Will report enrollment to the National Student Loan Data System for all courses at both institutions.

Name: ________________________

E-mail: ________________________

Title: ________________________

Phone: ________________________

Signature: _______________________________________________________________