

**2020-2021 Consortium Agreement
Between Kent State University and Visiting Institution**

DEADLINE DATES FOR SUBMISSION:

Summer: July 12, 2020 Fall: August 30, 2020 Spring: January 17, 2021

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 used for only one semester at a time. Indicate which semester this agreement is for (select one): **Summer 2020** _____ **Fall 2020** _____ **Spring 2021** _____

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 or else a hold will be placed on my account preventing the receipt of any financial aid for future terms.
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

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: _____ E-mail: _____

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: _____

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: Jessica Russell E-mail: jrusse33@kent.edu

Title: Financial Aid Counselor Phone: 330-672-0514

Signature: _____ Date: _____