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

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) • www.kent.edu/onestop

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: ___________________________________  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: ___________________________