

**Kent State University Third Party Consortium Agreement Form
For Studying Abroad through another University or Program
2020-2021**

If you are a degree-seeking student at Kent State University and you plan to enroll directly in a university abroad outside of Kent State's partner programs during the fall, spring or summer semester, and wish to obtain aid, you must complete a Consortium Agreement in order to receive your financial aid. All sections of the attached Consortium Agreement must be completed. Allow at least four weeks prior to the beginning of your program for completion of this agreement. Failure to complete this Consortium/Contractual Agreement will prevent the release of financial aid funds.

CHECKLIST FOR COMPLETING THE AGREEMENT

1. Submit the 2020-2021 FAFSA Application at StudentAid.gov
2. Section I of this agreement to be completed by the Student
3. Section II of this agreement to be completed by the Host Institution or third party study abroad organization
4. Submit a completed and signed copy of the Transfer Course Planning Form (TCP)
5. Enroll in the Kent State Placeholder course (CRN given to you by an education abroad advisor)

The student is responsible for making sure they do not have a balance with Kent State's Bursar Office. If you owe a balance at Kent State, your aid will first go toward these expenses and the remaining aid will be released. You must notify the One Stop for Student Services of any changes in your enrollment status, including withdrawing from all courses or substitution of approved courses.

Section I TO BE COMPLETED BY THE STUDENT

Student Name: _____ Kent State ID Number: _____

Email: _____@kent.edu Phone: _____

The Kent State campus you attend predominately: _____

Name of Visiting School Abroad: _____

City/Country of Visiting School: _____

Start and End Date of Semester at Visiting School: _____

Host Coordinator Name: _____

Host Coordinator Email: _____

This consortium agreement can be for only one semester at a time. Indicate which semester this agreement is for (circle one):

Summer 2020

Fall 2020

Spring 2021

Please submit this form to the One Stop for Student Services by clicking the *Contact Us* button on the website www.kent.edu/onestop or (fax) 330-672-6001

**One Stop for Student Services
University Library, Suite 518
P.O. Box 5190, Kent, Ohio 44242-0001**

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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 Host Institution's Coordinator/International Office/Third Party Organization for completion of Section 2.
2. Copy of the Transfer Course Planning Form signed by you, your Kent State academic advisor, and an Education Abroad Advisor

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 or program 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 or program I am visiting according to their payment schedule. Kent State will not submit payments to the other school on my behalf.
3. Provide a Start and End of Semester Learning Agreement Form during the first 7-30 days abroad, and the last 7-30 days abroad at <https://www.kent.edu/financialaid/forms>.
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 II TO BE COMPLETED BY HOST/THIRD PARTY INSTIUTION

Student Name: _____ ID Number: _____

Costs Associated with Study Abroad Program:

General & Instructional Tuition/Fees: \$ _____

Other Tuition/Fees: \$ _____

Room/Board: \$ _____

Books/Supplies: \$ _____

Transportation: \$ _____

Personal/Miscellaneous expenses: \$ _____

Other (specify): \$ _____

Cost of Attendance Total: \$ _____

Enrollment Period from (month/day/year): _____ to _____

Total Number of Credit Hours Enrolled: _____

Fees/bill must be cleared by (month/day/year): ____/____/____/____

Under this Consortium Agreement, the Visited Institution:

- Will notify Kent State University if the student fails to begin attendance or withdraws from any course.
- Will not award any financial aid to the student
- Will provide Kent State University with an official academic transcript upon completion of the term.

Host Coordinator Signature: _____

Printed Name: _____

Title: _____ Date: _____

Phone: _____ Email: _____