

Kent State University Third Party Contractual Agreement Form For Studying Abroad Through Another University or Program 2024-2025

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 2023-2024 FAFSA Application at www.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 Success 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 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 2024

Fall 2024

Spring 2025

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. Be sure to check the requirements on the form (or for the document) that you are submitting to ensure that an original/wet signature is not required to be postal mailed.

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

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. A 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. <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: _____