

Consortium Agreement Form

Please complete this Consortium Agreement Form and submit it to the Financial Aid Office of the visiting institution for completion. **It is the responsibility of the student to pay the tuition and fees at the visited institution.** If you have a credit balance on your Ursuline College student account, you may use your refund of that credit balance to pay the visited institution or to reimburse yourself for advanced payments already made.

I wish to apply for aid to help defray the cost of attendance during this transient term. Ursuline College will consider me enrolled in an eligible program of study and will award and disburse aid based on the cost of education at both institutions. Ursuline College will also handle any refunds, and/or repayments to the Financial Aid Program(s), resulting from my withdrawal from classes according to the established policies.

Ursuline College (home school) and _____ (host school) are herein entering into a consortium agreement on behalf of:

Name (Please Print)	Social Security Number
Street Address	(_____)
City	Telephone Number
State	Zip

Student Certification:

- I am a degree-seeking student at Ursuline College taking _____ credit hours at my Home School while concurrently taking _____ credit hours at the Host School during the _____ semester of the _____ academic year.
- I must provide Ursuline College Financial Aid Office with **(1)** written permission from my academic advisor to earn credits at the Host School towards my degree at Ursuline College (Transient Student Form), **(2)** proof of enrollment at the Host School (copy of statement or schedule), **(3)** this completed Consortium Agreement Form.
- I understand I am responsible for the payment of all educational costs incurred at the Home and Host School.
- I understand that I must adhere to academic progress policies of both institutions to continue receiving financial assistance.
- I understand that I must notify Ursuline College of any changes in my enrollment status at the Host School.
- I understand that if I drop credit hours, fail to complete the course(s) under this agreement or receive a grade below a C or withdraw completely from either Ursuline College or the Host School during the term specified, I could be required to repay the financial aid (including student loans) disbursed through Ursuline College as a result of this consortium agreement. If this should occur, I understand I am financially responsible for the payment of any and all educational costs at Ursuline and/or the Host School.**
- I understand that my academic transcript from the Host School must be received by Ursuline College's Registrars' Office no later than 30 days after the enrollment period ends.

I have read the above Student Certification and understand my rights and responsibilities under this Consortium Agreement and the consequences if I fail to meet them.

Student Signature

Date

Office of Financial Aid

TO BE COMPLETE BY THE FINANCIAL AID ADMISITRATOR AT THE VISITED SCHOOL

Term Type: _____ Semester _____ Quarter _____ Clock Hours

Will the Student receive Financial Aid at your institution? _____ Yes _____ No
*If "Yes", STOP. Do not complete the remainder of this form. Please sign and return the form.
If "No", please complete the remainder of this form.*

Date of enrollment under this agreement: _____/_____/_____ - _____/_____/_____

Number of credit hours the student is enrolled in: _____ **Cost per credit hour \$** _____

Number of weeks of instructional time: _____

Total cost for the period of enrollment: Tuition/Course Fees \$ _____ **Room/Board \$** _____
Books \$ _____ **General Fees \$** _____ **Other** _____

Any unusual expenses related to courses enrolled in (please give amount and explain): _____

Your signature below indicates that you agree to allow Ursuline College to pay the student for enrollment at both institutions and that you will inform Ursuline College of any change in the student's enrollment status.

Financial Aid Administrator's Signature

Date

Typed or Printed Name

Telephone Number

Visited Institution Information:

Name of Institution

Street Address

City

State

Zip

**Please return completed form to: Ursuline College, Office of Financial Aid
2550 Lander Road
Pepper Pike, OH 44124
P (440) 646-8309 F (440) 684-6114**

To be completed by the Financial Aid Office at Ursuline College

Financial Aid Administrator's Signature

Date

Typed or Printed Name and Title

Office of Financial Aid