

## Office of Financial Aid

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### Consortium Agreement Form

This Consortium Agreement is a contract between the student, Ursuline College (the student's home school), and the visited institution (host school). The agreement permits the Ursuline College Financial Aid Office to process student aid based on the combined registered hours at both institutions for the semester.

Please complete this Consortium Agreement Form and submit it to the Financial Aid Office of the visited (host) 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.

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

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
Social Security Number or Ursuline Student ID

\_\_\_\_\_  
Street Address

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

#### Student Certification:

I am a degree-seeking student at Ursuline College (my home school) taking \_\_\_\_\_ credit hours while concurrently taking \_\_\_\_\_ credit hours at the Host School during the \_\_\_\_\_ semester of the \_\_\_\_\_ academic year.

**I understand that if I drop credit hours, fail to complete the course(s) under this agreement, 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.**

#### Under this Consortium Agreement, I understand I must:

1. Provide Ursuline College Financial Aid Office with **(1)** written permission from my academic advisor to earn credits at the Host School which are transferable to my degree program 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.
2. **Pay all tuition, fees and other charges at the Host School according to their payment schedule.**
3. Maintain compliance with the Standards of Satisfactory Academic Progress policy at both institutions to continue receiving financial assistance.
4. Immediately notify Ursuline College of any changes in my enrollment status at the Host School.
5. Provide Ursuline College with a copy of my transcript/grades from the Host School within 30 days after the completion of the term listed in the consortium agreement.

**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

**TO BE COMPLETE BY THE FINANCIAL AID ADMISITRATOR  
AT THE HOST SCHOOL**

**Term Type:** \_\_\_\_\_ Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Clock Hours      **Number of weeks of instructional time:** \_\_\_\_\_

**Will the Student receive Financial Aid at your institution?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "Yes", Please indicate fund and amount: \_\_\_\_\_

**Enrollment period under this agreement:** \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Total Cost of Attendance \$** \_\_\_\_\_

**Tuition/Fees \$** \_\_\_\_\_      **Room/Board \$** \_\_\_\_\_      **Books/Supplies \$** \_\_\_\_\_

**Transportation \$** \_\_\_\_\_      **Misc. Expenses \$** \_\_\_\_\_      **Other (specify)** \_\_\_\_\_

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

**Under this Consortium Agreement, the Host School Agrees to:**

- Allow Ursuline College to pay the student for enrollment at both institutions.
- Notify Ursuline College if the student fails to attend or withdraws from approved classes.
- Certifies that the student has been accepted for enrollment in an academic program that meets Title IV student financial aid eligibility requirements.
- Report enrollment to the National Student Loan Database for the hours attending at Host School

\_\_\_\_\_  
Financial Aid Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Telephone Number

**Visited Institution Information:**

\_\_\_\_\_  
Institutional Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
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