

Office of Financial Aid

Lakeland/Ursuline RN/BSN Consortium Agreement Form

Lakeland Community College and Ursuline College have signed a Consortium Agreement contract for students in the dual enrollment RN/BSN program to allow us to process financial aid based on the *combined* enrollment at each school.

Students are not permitted to receive aid from both institutions at the same time. Therefore, the Home Institution will be awarding financial aid for the student and crediting the Home Institution's student account. **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 Home Institution's student account after financial aid is applied, you may use your refund of that credit balance to pay the Visited Institution or to reimburse yourself for advanced payments already made.

The Home Institution, who will award you your financial aid, is designated as follows:

	Lakeland awards aid	Ursuline awards aid
Enrolled in classes at Lakeland <u>only</u>	yes	no
Enrolled in classes at <u>both</u> Ursuline and Lakeland	no	yes

Please complete this Student Agreement Form and submit it to the Ursuline College Financial Aid Office for any semester with enrollment at Ursuline. Ursuline College will consider the student 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 any classes according to the established policies.

 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 institution) taking _____ credit hours while concurrently taking _____ credit hours at the Lakeland Community College (visited institution) during the _____ semester of the _____ academic year.

You may be required to repay the financial aid (including student loans) disbursed through Ursuline College if you drop credit hours at either institution, fail to complete a course(s) under this agreement, receive a grade below a C at Lakeland Community College, or withdraw completely from either Ursuline College or the Lakeland Community College during the term specified. If this should occur, you would be financially responsible for the payment of any and all educational costs at Ursuline and/or Lakeland.

Under this Agreement, I understand:

1. I must provide Ursuline College Financial Aid Office with **(1)** this completed Student Agreement Form and **(2)** proof of enrollment at Lakeland Community College.
2. **I must pay all tuition, fees and other charges at the Lakeland Community College according to their payment schedule.**
3. I must maintain compliance with the Standards of Satisfactory Academic Progress policy at both institutions to continue receiving financial assistance.

Office of Financial Aid

4. I must immediately notify Ursuline College of any changes in my enrollment status.
5. I must provide Ursuline College with a copy of my transcript/grades from Lakeland Community College within 30 days after the completion of the term listed in this agreement.
6. I am financially responsible for payment at each institution, even if my aid must be adjusted after a semester for failure to complete a course, for withdrawing from a course at Lakeland without notifying Ursuline College, or for not receiving a grade of C or better at Lakeland Community College, making the credits earned non-transferable toward my degree at the Ursuline College.

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

Student Signature

Date

**TO BE COMPLETE BY THE FINANCIAL AID ADMISITRATOR
AT LAKELAND COMMUNITY COLLEGE**

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

**Lakeland Community College
7700 Clocktower Drive
Kirtland, Ohio 44094-5198**

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

Office of Financial Aid