

**PART ONE: STUDENT INFORMATION**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

This Consortium Agreement is between Edison State Community College and \_\_\_\_\_

(Print Full Name of Host School)

I have read and understand the following:

- I am asking Edison State Community College to include my enrollment hours at my host institution for Federal or other financial aid eligibility at Edison State. I am only able to apply for federal aid at one institution. I will cancel any pending aid at my Host school.
- I understand this Agreement is for one term only (one is needed for each term).
- Financial aid will be applied to your account based on Edison State's regular term schedule. The financial aid award year at Edison State begins with the summer term, and ends with the spring term.
- I agree to authorize my Host institution to release any enrollment, academic grade(s), and tuition related information to Edison State for the term of this agreement.
- I agree to only enroll in courses that are transferable and/or applicable to my degree program.
- I will notify Edison State's Financial Aid Office of any changes in my enrollment (adding/dropping classes) at my Host school.
- I realize that Edison State will NOT process a Consortium Agreement for more than two other Host schools per award year.
- I understand that I am subject to all policies in the Edison State's Student Handbook, including the Financial Aid Standards of Satisfactory Academic Progress.
- I am required to send an official transcript to Edison State's Registrar's Office at the conclusion the term listed in this Agreement. Failure to submit official transcripts may cause a reduction or cancellation of aid for the term in this Agreement and will prohibit aid from being processed for subsequent terms.
- If I incur a balance for the prior term at Edison State, this Agreement will be cancelled until the prior term balance is paid.
- **It is MY RESPONSIBILITY to pay my host institution or set up payment arrangements for any balance owed. My financial assistance will be applied to my balance at Edison State first, and any refund will be sent to me directly and can be used to help pay my account at my Host institution.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART TWO: CONSORTIUM PERIOD/COURSES AND ACADEMIC ADVISOR SIGNATURE**

Consortium Period:       Summer       Fall       Spring      Academic Year \_\_\_\_\_

Host Institution Course Name and Course Number	Credit Hours for Each Course

I, Edison State Academic Advisor, confirm these classes apply toward the above student's current active degree.

Edison State Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART THREE: HOST SCHOOL (where you are taking part of your requirements to transfer back to Edison State)**

TO BE FILLED OUT BY HOST INSTITUTION. Under this Agreement, the Host School:

- Will NOT award any financial aid.
- Will provide enrollment dates, enrollment credit hours, and cost of attendance for the requested term.
- Will provide Edison State with documentation of the student's enrollment upon request.
- Will notify Edison State if the student fails to enroll or withdraws from the Host school.

Enrollment Period Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Hours Enrolled by semester:      \_\_\_\_\_ Summer      \_\_\_\_\_ Fall      \_\_\_\_\_ Spring

Total Cost of Attendance \$\_\_\_\_\_ Tuition/Fees \$\_\_\_\_\_ Books/Supplies \$\_\_\_\_\_ Room/Board \$\_\_\_\_\_

Transportation: \$\_\_\_\_\_ Personal \$\_\_\_\_\_ Other \$\_\_\_\_\_

Financial Aid Representative's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**PART FOUR: HOME SCHOOL (Edison State)**

TO BE FILLED OUT BY EDISON STATE FINANCIAL AID OFFICER. Under this Agreement, the Home School:

- Will process the student's financial aid and provide payment of Title IV funds to the student as appropriate for the duration of the agreement.
- Will disburse aid according to the Edison State period of enrollment.
- Will certify the student is making satisfactory academic progress toward the completion of the degree.
- Will calculate all components of Return of Title IV funds, when appropriate.

Financial Aid Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

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