



## CONSORTIUM AGREEMENT

2011-2012

Between

Aultman College of Nursing and Health Sciences

And

\_\_\_\_\_  
Name of Host School

**Home Institution:** The institution from which you are currently seeking a degree and from which you intend to receive federal financial aid.

**Host Institution:** The institution(s) that you are taking course work from that will apply towards the degree you are seeking at the Home Institution.

**\*Note:** Students must complete this form for each semester they wish to receive financial aid under a consortium agreement.

### INSTRUCTIONS

1. Submit this form along with a copy of the Home School registration and a copy of the Transient Student Authorization form to the ACNHS Financial Aid Office.
2. **Submit grade transcripts to the registrar from the Host School at the end of the Semester**

### SECTION 1: TO BE COMPLETED BY THE STUDENT

ACNHS and the school name above are herein entering into a consortium agreement for:

STUDENT NAME:

STUDENT ID:

SEMESTER:  FALL  SPRING  SUMMER YEAR: 20\_\_\_\_

### STUDENT CERTIFICATION

**By signing this agreement I understand that:**

1. I must take courses at the Host School which are **transferable to my degree** and approved through the transient student authorization form.
2. I have received written approval via the Transient Request Policy for the requested transient coursework.
3. I agree to allow host institutions to share information about me regarding registration, transcripts, and financial aid as necessary.
4. I am only eligible to receive Title IV Federal Financial Aid from the HOME institution.
5. I am required to notify the HOME institution of other financial assistance (scholarships, tuition grants, etc) I am receiving from the host institution.
6. I am asking the HOME institution to pay Title IV Federal Financial Aid to me for courses that I agree to complete at the HOME and HOST institutions. I understand I am liable for any unpaid bill at either the HOME or HOST institution.
7. I understand that this consortium agreement will terminate upon conclusion of the academic year indicated above.
8. I understand this agreement does not pay any tuition at the host institution.
9. I must be enrolled in a degree-granting program at ACNHS, making satisfactory progress as specified by ACNHS's Satisfactory Academic Progress Policy which is used in determining my continued eligibility for federal Title IV Aid.

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

\_\_\_\_\_  
Date

**OFFICE OF FINANCIAL AID**

2600 Sixth Street SW

Canton, OH 44710



Student Title IV

Financial Aid

Consortium Agreement

**SECTION 2: TO BE COMPLETED BY THE HOST SCHOOL**

Will the student receive financial aid at your institution?  Yes  No

If "Yes", STOP. DO NOT COMPLETE THE REMAINDER OF THIS FORM. Please sign the form and return it to the student.

If "No", please complete the remainder of this form.

Student enrollment dates under this Agreement : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Tuition and Fees (per credit hour) \$\_\_\_\_\_

Books and supplies (per credit hour) \$\_\_\_\_\_

Child Care \$\_\_\_\_\_

Room and Board \$\_\_\_\_\_

Personal \$\_\_\_\_\_

Transportation \$\_\_\_\_\_

Total \$\_\_\_\_\_

**Under this consortium agreement and upon completion of this form, the host institution will:**

- Certify that the student is enrolled in an academic program that meets Title IV requirements.
- Provide institution specific consumer information to the student.
- Notify ACHNS if the student drops or withdraws from any or all courses at the institution.
- Not process any federal or state financial aid from the consortium term.
- Attach a copy of the student's current registration and invoice to this form.

\_\_\_\_\_  
Host School's Financial Aid Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print Name

\_\_\_\_\_  
Telephone Number/Email Address

The "Home Institution" agrees to pay Title IV Federal Aid to the above mentioned student based on the information provided in this Student Title IV Federal Financial Aid Consortium Agreement.

\_\_\_\_\_  
Host School's Financial Aid Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home School Financial Aid Officer's Signature

\_\_\_\_\_  
Date