

2017-2018 Financial Aid Consortium Agreements at The Ohio State University

What is a consortium agreement?

A consortium agreement is a binding agreement between eligible schools which enables you to receive various types of aid from Ohio State University while being enrolled as a visiting student at another school. **Ohio State is considered your home school and the visiting school is referred to as the host school.** The host school must be an approved Title IV school; meaning they have a federal Title IV school code and can process federal financial aid. School eligibility can be verified online at <https://fafsa.ed.gov/FAFSA/app/schoolSearch>. There are four (4) sections to the agreement, all of which need to be completed in full before the agreement can be processed. Please use this checklist to help determine your eligibility.

Student Checklist:

- Complete Section I of the agreement.
- Meet with your Ohio State Academic Advisor or other collegiate representative to have Section II completed. Please make sure you meet the following requirements:
 - You are enrolled at Ohio State as a degree-seeking student during the consortium term
 - You are not/will not be completing the first or last required semester of coursework for your degree at Ohio State while on the consortium agreement
 - Courses are not remedial coursework or courses previously taken at Ohio State.
- Visit Buckeye Link, 281 W. Lane Ave., to have Section III of the agreement reviewed and signed by a Buckeye Link staff member. Sections I and II should already be completed.
- Have the host (not Ohio State) school's Financial Aid Office complete Section IV. The host school faxes the completed form to Ohio State Financial Aid for processing. It's important to check with the host school for processing time requirements for section IV completion.
- The completed form must be received in Buckeye Link by the first Friday of the consortium term. **Partial or incomplete agreements will not be processed.**
- Check with your host school to determine when its enrollment fees must be paid. Even if payment is due prior to financial aid being disbursed at Ohio State, you are obligated to pay your host school in a timely manner. Be aware that aid will be disbursed based on Ohio State's disbursement calendar.
- After completing the consortium term, you must request an academic transcript from the host school to be sent to Ohio State Registrar's Office. Please note Satisfactory Academic Progress could be impacted if the transcript is not received or the courses are not successfully completed.
- Consortium agreements are limited to three (3) semesters. The maximum terms will be determined based on the number of prior consortiums beginning with Autumn 2014.
- Please note that if you are not successful under a prior consortium agreement, a new agreement will not be approved.
- A consortium agreement will not be processed for any student who is in a "Suspended or Probationary" Satisfactory Academic (SAP) status.

Financial Aid Eligibility:

Your aid eligibility during the consortium term is determined by your enrollment (credit hours taken at the host school and credit hours taken at Ohio State). Students must be registered for full-time at Ohio State to receive most scholarships (e.g. Provost, Land Grant, etc.) and institutional need-based grants (e.g. Scarlet and Gray, Name and Seal, etc.). Therefore, if a student is attending Ohio State fulltime, a consortium agreement is not necessary. Also, if you are receiving federal loans only and are enrolled at least half time (6 credit hours undergraduate level; 4 credit hours graduate level) at Ohio State, a consortium agreement is not necessary.

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264
Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300



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Consortium Agreement Between And

Ohio State University

(Home School)

(Host School)

SECTION I: To be completed by the student

Name: Ohio State Student ID Number:

Home Address: Home Phone:

City: State: ZIP Code: Campus/Cell Phone:

Consortium Term: Summer Autumn Spring Academic Year:

Do you plan to register at Ohio State during the consortium term? (Please check one) Yes No

If "Yes": How many hours do you plan to take at Ohio State?

At which campus will you be enrolled? Columbus Regional

Student Certification:

I agree to:

- Have the host school send the completed form to Ohio State by the first Friday of the consortium term... Complete the hours indicated in Section IV... I understand that I will not be eligible for financial aid... Comply with Ohio State's and the host school's policies regarding refunds... Ensure that an official academic transcript from my host school is provided to the Ohio State Registrar's Office... I understand that adjustments to enrollment can result in balances due at one or both institutions... I understand that students must pay all tuition, fees and prior term balances to Ohio State seven calendar days before the first day of classes... Pay enrollment fees in a timely manner to both the host school and Ohio State... Allow Ohio State and the host school to share information related to my enrollment and financial aid eligibility... Any changes to the Consortium could result in delayed processing or revision to previously awarded funds.

I have read the above Student Certification and understand my rights and responsibilities under this Consortium Agreement.

Student Signature

Date

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SECTION II:

To be completed by the student's academic advisor or other collegiate representative

(Student's Name) _____ intends to enroll in the following courses at _____ (host school). These courses are the academic equivalent to the Ohio State courses listed. (Please list additional courses on a separate sheet, if necessary.) Remedial or repeated coursework should not be listed on this agreement.

Course: _____ Ohio State Equivalent: _____

Course: _____ Ohio State Equivalent: _____

Course: _____ Ohio State Equivalent: _____

Course: _____ Ohio State Equivalent: _____

My signature below confirms that the courses to be taken at _____ (host school) will be accepted as partially fulfilling the requirements of (Student's Name) _____ degree program at Ohio State.

Advisor/Collegiate Representative Signature _____

Date _____

Advisor/Collegiate Representative Printed Name _____

Phone Number _____

Email Address _____

PLEASE MAKE A COPY OF THIS AGREEMENT FOR YOUR RECORDS TO VERIFY THE COURSES THAT YOU HAVE ENDORSED

SECTION III:

To be completed by a Buckeye Link Staff Member at Buckeye Link, 281 W. Lane Ave., or a financial aid staff member.

My signature below affirms that I have gone over the terms of the consortium agreement with

(Student Name) _____ Ohio State Student ID: _____.

To the best of my knowledge, the student meets the terms of this agreement. (Please refer to the checklist if additional information or clarification is needed.)

Buckeye Link Staff Member/Financial Aid Staff Member Signature _____

Printed Name _____

Date _____

Attention Students: Regional campus or ATI students can contact a financial aid counselor on their respective campuses to obtain the required signature of a SFA staff member.

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SECTION IV: To be completed by the Host School's financial aid office

Student's Name: _____ Host School Student ID: _____

Enrollment Dates at Host School: _____ to _____

Please list below all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.) Please list only those courses which are reflected in Section II that have been endorsed by the student's Ohio State academic advisor. Financial aid will pay only for those courses certified as fulfilling the student's Ohio State degree requirements.

Course: _____ Credit Hours: _____ (circle one: semester/quarter)

Course: _____ Credit Hours: _____ (circle one: semester/quarter)

Total Credit Hours: _____

Cost of Attendance for enrollment period stated above:

Tuition & Fees:	\$
Room & Board:	\$
Books & Supplies:	\$
Transportation:	\$
Other (Please specify)	\$
TOTAL	\$ 0

As a representative of the host institution you agree to:

- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV, and State financial aid requirements
- Not award any federal, state, institutional, or private aid during the time the student is enrolled at your school
- Accept payment from the student, apply it to your enrollment charges and disburse any credit balance to the student in accordance with your school's policy
- **As the home institution, Ohio State will be responsible for all enrollment reporting for the student while under a consortium.**
- **Notify Ohio State immediately** and supply the effective date(s) if the student withdraws or drops any hours reported in this agreement.
- Upon the student's request, facilitate the release of an official academic transcript to Ohio State upon completion of the consortium term. (NOTE: The student's signature in Section I of this agreement authorizes the host institution to provide an official academic transcript to Ohio State.) Please send the transcript to the following address:

Undergraduate Admissions and First Year Experience
P.O. Box 182646
Columbus, OH 43218-2646

Signature _____ Date _____

Printed Name & Title _____ Office Phone _____

Email Address _____ Office Fax _____

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