



OHIO
UNIVERSITY

**OHIO UNIVERSITY
OFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS
eCampus CONSORTIUM AGREEMENT
2019-2020**

As permitted in the federal regulations, Ohio University would like to enter into a consortium agreement for the purpose of establishing conditions under which Ohio University can award and process financial aid to a student attending another Title IV eligible institution. For the purposes of this agreement, Ohio University will be known as the home institution and the school to be visited by the student will be known as the host institution.

Student's Name: _____

Date of Birth: _____

OHIO ID: _____

O.U. PID: _____

Major/Program: _____

Telephone #: _____

The student named above is a degree seeking, regular student enrolled in an eligible program of study at Ohio University who plans to enroll in course(s) at the following school:

- ___ Ashland Community and Technical College
- ___ Central Ohio Technical College
- ___ Cincinnati State Technical and Community College
- ___ Clark State Community College
- ___ Columbus State Community College

- ___ Lorain County Community College
- ___ Marion Technical College
- ___ Mountwest Community & Technical College
- ___ North Central State College
- ___ Northwest State Community College

- ___ Cuyahoga Community College
- ___ Eastern Gateway Community College
- ___ Edison Community College
- ___ Hocking College

- ___ Owens Community College
- ___ Sinclair Community College
- ___ Stark State College
- ___ Terra State Community College
- ___ Washington State Community College
- ___ Zane State College

OTHER (Please List): _____

IF OTHER: Host Institution's Office of Financial Aid Fax #: _____

What You Need to Do Before Submitting This Form:

1. Read, sign, and submit consortium agreement policy. (Fax: 740-593-4140 or scan/e-mail to financial.aid.elearn@ohio.edu)
2. Obtain and attach a copy of your community college registration receipt to this form.

Enrollment Requirement: You must be enrolled in at least one Ohio University course in order to receive full financial aid eligibility for the dual enrollment term. Please submit this form by the dates below to avoid any delays in the processing of your financial aid.

BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING TERMS:

- I have submitted a signed Consortium Agreement Policy for the 2019-2020 aid year.
- I will maintain Satisfactory Academic Progress as defined on the Ohio University's Office of Student Financial Aid and Scholarships website: <https://www.ohio.edu/financial-aid/applications-deadlines/sap>
- I will only request aid to be processed for the courses at the Host Institution which are transferable to complete one (or more) of my Ohio University degree requirements as certified by my assigned Ohio University Academic Advisor.
- ***I will notify Ohio University's Office of Student Financial Aid and Scholarships and the Host Institution's Financial Aid Office if I do not begin attendance in the courses approved under this agreement, if I drop any or all classes listed on the agreement, or if I change/add enrollment that includes classes that are not listed on the agreement.***
- Financial aid will be disbursed to my student account and thus applied first to the balance at Ohio University. Any financial aid refund will be released to me in accordance with the Office of the Bursar's policies. I understand that if I change enrollment after financial aid has been disbursed to my student account and/or I change enrollment after the start of the term at Ohio University, my refund may not be released to me until fees are assessed by the Office of the Bursar, **and the enrollment change has been evaluated. Ohio University will not remit payment to the Host Institution. It is my responsibility to pay the Host Institution or set up payment arrangements for any balance owed (if permitted) by their fee payment deadlines.**
- I understand that Ohio University will not release funds to me before Ohio University's charges are paid and **will not disburse funds prior to 10 days before the start of the term at Ohio University, regardless of when the fee payment deadline is at the Host Institution.**
- Textbook vouchers are not issued to Ohio University students. All books must be paid for out-of-pocket and prior to the start of classes.
- I agree to authorize my Host Institution to release any enrollment, academic, and tuition related information to Ohio University for the 2019-2020 school year.
- I agree to provide the Office of Undergraduate Admissions (120 Chubb Hall, Athens, OH 45701) with an official academic transcript upon completion of the consortium agreement reflecting a completed grade for the class(es) listed on the agreement **within 14 days after my term ends.** *I also understand that a HOLD will be placed on my financial aid if I do not submit the transcript by this date which will cause a delay in the disbursement of my financial aid for the next term until the transcript has been received, and the hold is removed.*

Student Signature: _____ Date: _____

CONSORTIUM AGREEMENT FORM DEADLINES

Summer 2019

April 8, 2019

Fall 2019

August 5, 2019

Spring 2020

December 16, 2019

Please fax, scan/e-mail, or mail this form along with a copy of your registration/schedule at the community college partnership for the applicable term to your **O.U. Academic Advisor** by the deadline above to ensure timely processing. ***Non-Nursing students fax form to 740-593-2901**

***Nursing (BSN) students fax form to 740-593-0286**

***BS 6417 (Customer Service) students fax form to 740-593-9310**

Student's Name: _____

OHIO UNIVERSITY ACADEMIC ADVISOR'S ASSESSMENT

Ohio University Term (circle one): Summer Fall Spring

Student will list all courses and credit hours enrolled during the listed term at the Host Institution (College Partner) and Ohio University. **Attach a copy of the registration for the community college course(s) to this form.**

<u>College Partner</u>		<u>Ohio University</u>	
Course Name & Number	Credit Hrs.	Course Name & Number	Credit Hrs.
<i>Example: SOC 1010</i>	<i>3.0</i>	<i>NRSE 4510</i>	<i>4.0</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor, please sign below verifying this student has at least a 2.0 cumulative GPA, and the course(s) listed above will be accepted toward the completion of the student's Ohio University online degree program. Fax (740-593-4140) this form to the Office of Student Financial Aid and Scholarships, Attn: Lisa Butler / Steve Kowalczyk (financial.aid.elearn@ohio.edu)

OU Academic Advisor's Signature

Date

Printed Name

Email Address

UPON ENTERING THIS AGREEMENT, OHIO UNIVERSITY OFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS WILL:

- Process the student's FAFSA application and provide Title IV funds (if eligible), as appropriate, for the consortium agreement period based on the Cost of Attendance for OU and the Host Institution.
- Disburse federal aid according to Ohio University's as well as the Host Institution's academic calendar.
- Monitor Satisfactory Academic Progress.
- Process enrollment reporting to the National Student Loan Data System (NSLDS) as well as report the student on our FISAP.
- Calculate all components for Return of Title IV funds (as performed by our Bursar's Office), when appropriate.
- Maintain Title IV record keeping and reporting requirements.
- Monitor hours enrolled for institutional refunds and repayments.

Ohio University Cost of Attendance figures for the term under this agreement are listed below. *The COA will include tuition and fees, textbooks, room and board, transportation, technology, and personal costs.*

COA: _____

O.U. OSFAS Authorizing Signature

Date

Student's Name: _____

HOST INSTITUTION'S INFORMATION AND RESPONSIBILITIES

[To be completed by a Financial Aid Administrator]

Will the student receive financial aid at your institution for the listed term? ___ Yes ___ No

If yes, list type and amount of funding: _____

Which system is applicable to your institution: Quarters Semesters

List total number of credit hours the student is enrolled for the term listed: _____

The student's enrollment period is from: _____ to _____

Please list the Cost of Attendance for the listed term for this agreement or attach the current COA for your institution.

UNDER THIS CONSORTIUM AGREEMENT AND UPON COMPLETION OF THIS FORM, THE HOST INSTITUTION WILL:

- Provide institution-specific consumer information to the student.
- Provide Ohio University with documentation of the student's enrollment at your institution.
- **Notify Ohio University if the student fails to enroll, drops, or withdraws from any or all courses at your institution.**
- NOT process any state or federal financial aid for the consortium term.

Host (Partner) Institution Financial Aid Authorizing Signature

Date

Printed Name

Telephone #

Title

Fax #

Email Address

After all necessary information and signatures are secured, please submit this form to:

Ohio University
Office of Student Financial Aid and Scholarships
Chubb Hall 020
Athens, Ohio 45701
Fax: (740) 593-4140 ATTN: Lisa Butler / Steve Kowalczyk
financial.aid.elearn@ohio.edu