



Consortium Agreement 2011-2012

Rhodes State Financial Aid
4240 Campus Drive
Lima, OH 45804

Dear Student:

You have indicated you are interested in pursuing coursework at another institution under the Consortium Agreement arrangements and would like to be considered for financial aid. Please be aware that a Consortium Agreement is a binding agreement between eligible institutions which enables you to receive aid while visiting another institution. In order for your aid to be awarded for the consortium term, you must ensure that the attached Consortium Agreement form is completed. If any of the sections are left incomplete, Rhodes State College will not be able to process your aid and the form will be sent back to you. Pay attention to **“Section I, Student Information and Responsibilities”** and complete all necessary requirements listed. Failure to do so will result in the delay of processing your consortium and/or denial of the awarding of your aid. Read the information below regarding the Consortium Agreement policies and procedures at Rhodes State College.

Important Information You Should Know About Consortium Agreements

- 1.) The Consortium Agreement Form must be completed and submitted to Rhodes State College by the 1st Friday of the consortium term (1st Friday of classes at Rhodes State). The form is not complete until the student, academic advisor, and host information is received and signed by Rhodes State Financial Aid.
- 2.) You must be in a degree-seeking program at Rhodes State during the consortium, and the coursework taken under a consortium agreement must be accepted as part of your degree program. You must have your academic advisor sign to verify that the courses you plan to take while under the consortium will be accepted as part of your degree program. **Section II** of the consortium agreement is designated for your academic advisor's verification and signature. Remember, this must be completed in order for the consortium to be processed.
- 3.) You must be registered for at least 6 credit hours at Rhodes State in order for a consortium agreement to be processed.
- 4.) You must have a 2.0 cumulative GPA at Rhodes State College to be eligible for the consortium program.
- 5.) Rhodes State will disburse all aid according to the Rhodes State disbursement schedule ONLY. Therefore, you should make arrangements to pay the host institution by its fee payment deadline.
- 6.) A consortium agreement is valid for one quarter at Rhodes State. A new consortium contract must be completed each quarter you wish to enroll in the program.

Please retain copies for your records.

SECTION I- STUDENT INFORMATION AND RESPONSIBILITIES

This section is to be completed by you. Do not submit section one without sections two and three or the entire consortium agreement will be returned to you as incomplete which may result in a delayed disbursement of your financial aid.

Name: _____ Rhodes State ID# _____
Last First

Address: _____
Street City State Zip Code

Telephone # _____ Cell Phone # _____

Email: _____

Host School: _____

Term of Attendance: Summer Fall Winter Spring

By signing this contract I am agreeing to the following terms:

- ✓ I am asking Rhodes State College to include my enrollment hours at my host institution for federal, state and other financial aid. I may only apply for financial aid at one institution.
- ✓ **My financial assistance will be applied to my balance at Rhodes State College and any refund will be sent directly to me. *It is my responsibility to pay my host institution for any balance owed.***
- ✓ Financial Aid will be applied to my account based on Rhodes State's term schedule. Federal, state and institutional aid will be applied on the 15th day of the term. The financial aid award year at Rhodes begins with the Summer 2011 quarter and ends with the Spring 2012 quarter.
- ✓ I agree to authorize my host institution to release any enrollment, academic, and tuition related information to Rhodes State College for the contracted award year.
- ✓ I agree to only enroll in courses that are transferable and/or applicable to my degree program. If courses do not transfer to my degree program after the official college transcript is received, Rhodes State Financial will adjust hours according to only what is transferrable to that particular quarter. In this instance, financial aid may be removed from my account giving me a balance owed to Rhodes State.
- ✓ I realize that Rhodes State College will not process a Consortium for any more than 2 different institutions per award year.
- ✓ I understand that I am subject to all policies in the Rhodes State College Catalog, including the financial aid standards of academic progress.
- ✓ **I am required to send an official transcript to Rhodes State College Office of Transfer at the conclusion of each term that I was enrolled at my host institution for which Rhodes State processed a consortium. Failure to send official transcripts will delay or cancel aid for future terms.**
- ✓ I have read and understood the terms of the consortium agreement between my host institution and Rhodes State College.

Student's Signature

Date

SECTION II- RHODES STATE ACADEMIC ADVISOR'S ASSESSMENT

Student Name: _____ Rhodes State ID #: _____

List all the courses the student plans to take during the consortium term and the Rhodes State Course Equivalency:

Host Institution Course Name and #	Credit Hrs.	Rhodes State Equivalency Course Name and #	Credit Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please sign below verifying this student has at least a 2.0 cumulative GPA, registered for at least 6 credit hours at Rhodes, and the course(s) listed above will be accepted toward the completion of the student's Rhodes State degree or certificate, pending receipt of official transcript and evaluation by the Office of Transfer.

Rhodes State Academic Advisor's Signature

Date

Printed Name

Title

Academic Department

Advisor's Telephone #

UNDER THIS AGREEMENT RHODES STATE FINANCIAL AID WILL:

- Process the student's FAFSA application and provide payment of Title IV funds (if eligible).
- Disburse federal aid according to Rhodes State academic calendar.
- Monitor Satisfactory Academic Progress.
- Calculate all components for Return of Title IV funds, when appropriate.
- Maintain Title IV record keeping and reporting requirements.
- Monitor hours enrolled for institution refunds and repayments.

Home Institution Financial Aid Signature

Date

Printed Name

Title

Email Address

Telephone #

Fax #

SECTION III – HOST INSTITUTION’S RESPONSIBILITIES

Student Name: _____
Last First Middle Initial

Name of Host Institution _____

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

If yes, list type and amount of funding: _____

Check which system is applicable to your institution: Quarter Semester

List total credit hours for which the student is enrolled: _____

The enrollment period is from _____ to _____

List cost of attendance figures for the term under this agreement:

\$ _____ Tuition and Fees
\$ _____ Room and Board
\$ _____ Books and Supplies
\$ _____ Transportation
\$ _____ Other

UNDER THIS AGREEMENT, THE HOST INSTITUTION AGREES TO:

- Certify the student has been accepted for enrollment in an academic program that meets Title IV financial aid eligibility requirements.
- Provide Rhodes with documentation of the student’s enrollment at your school.
- Notify Rhodes if the student withdraws from your school.
- This signed agreement acts as a release form for any academic, financial aid, transcript related, or balance related information on this student.

Host Institution Financial Aid Signature

Date

Printed Name

Title

Email Address

Telephone # Fax #

Please return all documents to:

**Rhodes State Financial Aid
4240 Campus Dr.
Lima, OH 45804**

**Fax: 419-995-8112
Phone: 419-995-8159**