



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 Rhodes State College while being enrolled as a visiting student at another school. Rhodes State College 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>. You must complete all three (3) sections of the agreement in full before the agreement can be processed. Please use the student checklist provided below to help determine your eligibility.

Student Checklist:

- Complete Section I of the agreement (*name, Student ID (R#), address, etc.*)
- Verify you meet the following requirements:
 - You are enrolled at Rhodes State College as a degree-seeking student during the consortium agreement.
 - Allied Health students must be enrolled in at least three credit hours.
 - Non-Allied Health students must be enrolled in at least six credit hours.
- Meet with your Program Chairperson or Academic Advisor at Rhodes State College to complete Section II (*the program Chairperson must fill out Section II*).
- Have the host school's Financial Aid Office complete Section III. *It is important to check with the host school for processing time requirements for Section III completion.* Submit the completed form via fax, email, mail, or in person to:

Rhodes State College, Financial Aid Office

4240 Campus Drive

Lima, Ohio 45804

Phone: 419-995-8802

Fax: 419-995-8112

Email: finaid@rhodesstate.edu

- The completed form must be in Rhodes State College's Financial Aid Office **by the second Friday of the consortium term.** **Partial or incomplete agreements will not be processed.**
- Check with your host school to determine when their enrollment fees are due. **If payment is due prior to the financial aid being disbursed at Rhodes State College, you are obligated to pay your host school in a timely manner.** *Also, be aware that financial aid will be disbursed based on Rhodes State College's disbursement calendar.*
- After you complete the consortium term, you must request an official academic transcript from the host school to be sent to Rhodes State College. If the transcript is not received or the courses are not successfully completed, your Satisfactory Academic Progress could be impacted.
- If you are not successful under a prior consortium agreement, a new agreement will not be approved.**
- A new consortium agreement is required **each term** you enroll in the program.

Financial Aid Eligibility:

Your financial aid eligibility during the consortium term is determined by your enrollment (credit hours taken at the host school and at Rhodes State College). If a student is attending Rhodes State College full-time, a consortium agreement is not necessary.



2021-22 FINANCIAL AID CONSORTIUM AGREEMENT AT RHODES STATE COLLEGE

4240 Campus Drive Lima, OH 45804 | (419) 995-8802 | Fax (419) 995-8112 | FinAid@RhodesState.edu | www.RhodesState.edu

Consortium Agreement Between Rhodes State College and _____ (Home School) (Host School)

Section I - To Be Completed by the Student

Student's Full Name

Student ID (R#)

Mailing Address

Phone

City, State, Zip

Email

Consortium Term: Summer Fall Spring Academic Year _____

Student Certification: I agree to:

- Have the completed form to Rhodes State College by the second week of the consortium term (or second Friday of classes at Rhodes) by fax, email, mail, or in person to: [Rhodes State College, Financial Aid Office, 4240 Campus Drive, Lima, Ohio 45804](#)
Phone: 419-995-8802 | Fax to: 419-995-8112 | Email to: finaid@rhodesstate.edu
- Complete the hours indicated in Section III of this agreement at the host institution and the hours listed above at Rhodes State College.
- I understand I will not be eligible for financial aid for any courses not approved by my Academic Advisor, including changes to the courses already approved under the consortium agreement.
- Comply with Rhodes State College's and the host school's policies regarding refunds, impact of hour drops and withdraws, Satisfactory Academic Progress, and all other eligibility requirements. **I agree to notify both institutions if I drop or withdraw from any or all of my courses. I understand that my financial aid award is based on enrollment which will be verified and monitored throughout the term and after the term has ended.**
- I will ensure that an official academic transcript from my host school is provided to the Rhodes' Registrar's Office **within 30 days** after the enrollment period ends. *I understand Satisfactory Academic Progress could be impacted if the transcript is not received or courses are not successfully completed.* Also, failure to provide an official transcript that shows successful completion of the consortium courses will result in denial of future agreements.
- 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 Rhodes State College by the posted fees date each term. Processing of this form does not constitute a valid reason for late payment of fees, as the fee payment deadline is prior to the form completion deadline.**
- Pay enrollment fees in a timely manner to both the host school and Rhodes State College. *(Rhodes State College will disburse financial aid according to the Rhodes State College disbursement schedule. If enrollment fees are due at the host school prior to financial aid being disbursed to your account at Rhodes State College, it is your responsibility to pay your host school in a timely manner.)* **Financial aid received from Rhodes State College will not be directly transferred to your host school.**
- Allow Rhodes State College 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's Signature

Date



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Section II - To be completed by the student's Program Chairperson at Rhodes State College

(Student's Name) _____ intends to enroll in the following courses at _____ (Host School). These courses are the academic equivalent to the Rhodes State College courses listed. *(Please list additional courses on a separate sheet if necessary.)* **Remedial coursework should not be listed on this agreement.**

Course: _____ Rhodes State College Equivalent: _____

Course: _____ Rhodes State College Equivalent: _____

Course: _____ Rhodes State College 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 Rhodes State College.

Advisor's Name

Email

Advisor's Signature

Phone

Date

Section III - To be completed by the Host School's Financial Aid Office

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

Enrollment Dates to Host School: _____ to _____

List all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. *(List additional courses on a separate sheet, if necessary)* Financial aid will pay only for those courses certified as fulfilling the student's Rhodes State College degree requirements.

Course: _____ Credit Hours: _____ Semester Quarter

Course: _____ Credit Hours: _____ Semester Quarter

Course: _____ Credit Hours: _____ Semester Quarter

Cost of Attendance for enrollment period:

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Other (Specify)	\$
Total	\$

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.
- Notify Rhodes State College 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 Rhodes State College upon completion of the consortium term. Please send an official academic transcript to: **Rhodes State College, Records Office, 4240 Campus Drive, Lima, Ohio 45804**

Name and Title: _____ Date _____ Email: _____

Signature _____ Office Phone: _____ Office Fax: _____

FAO Use Only

This Financial Aid Consortium Agreement is: Approved Not Approved Financial Aid Signature: _____

Credits at Host School: _____ Credits at Home School: _____ Total Credits: _____ Date _____

