Hiram College
Office of Student Financial Aid

CONSORTIUM AGREEMENT

Hiram College (home school) and _____ (host school) are herein entering into a consortium agreement for the _____ term of the _____ academic year (a separate form must be completed for each semester the student wishes to receive financial aid under a consortium agreement) for:

_____ _____
Student's Name Student ID #

_____ _____
Student's Address Student's Phone Number

Section I-To be completed by the student

For this agreement to be binding, the student must:

1. Take courses that are transferable to their degree at Hiram College. (Must be certified by Hiram College Academic Advisor below)
2. Be enrolled in a degree granting program at Hiram College and making satisfactory academic progress under the Hiram College SAP policy as outlined in the Student Handbook.
3. Submit this completed form along with a **copy of registration and the bill from the host school** to the Office of Student Financial Aid at Hiram College.
4. Notify the Office of Student Financial Aid if they do not begin attendance in the courses listed below as approved by the academic advisor, or if they adjust their enrollment status at the host school, including withdrawing from approved courses.
5. Submit grade transcripts from the host school at the end of the semester to the Office of Student Financial Aid at Hiram College.
6. NOT be receiving financial aid at the host school.
7. Make necessary payment arrangements with the host school and Hiram College.
8. Give consent for the two schools to share relevant information.

I agree to meet the above criteria:

_____ _____
Student Signature Date

Section II-To be completed by student's Hiram College Academic Advisor

Please list the course(s) which are applicable to their degree program at Hiram College: *(Please list course number and name of course)*

_____ _____

_____ _____

_____ _____
Academic Advisor's Name Department

_____ _____
Academic Advisor's Signature Phone Number

Section III-To be completed by the Host School

Is your school Title IV eligible? [ ] Yes [ ] No
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.

Dates of enrollment under this agreement: from _____ to _____

Number of credit hours the student is enrolled: _____ (quarter____ or semester____)

Total of tuition and fees for the period of enrollment: $_____ Books & supplies $_____
Room: $_____ Board $_____

Comments:
_____

Under this consortium agreement, the host school agrees to:

- Notify Hiram College if the student fails to enroll or withdraws from any classes.
- Provide school specific consumer information to the student.

_____ _____
Signature of Financial Aid Officer at Host School Date

_____ _____
Name of Financial Aid Officer at Host School Phone Number

_____ _____
e-mail address Fax number

Section IV-To be completed by Hiram College Financial Aid Office

Number of hours enrolled at Hiram for this term _____ Tuition & fees $_____ Books $_____
Room $_____ Board $_____

Under this consortium agreement, Hiram College agrees to:

- Process the student's FAFSA application and provide payment of Title IV funds (if eligible) as appropriate for the duration of the agreement.
- Will disburse aid according to the home school's academic calendar.
- Certify that the student is making satisfactory academic progress toward his or her degree.
- Will process SSCR enrollment reporting to the National Student Clearinghouse.
- Will calculate all components for Return of Title IV funds, when appropriate.
- Will maintain Title IV record keeping and reporting requirements.
- Will monitor hours enrolled for institutional refunds and repayments.
- Report the student on FISAP.

_____ _____
Signature of Financial Aid Officer at Hiram College Date

_____ _____
Name of Financial Aid Officer at Hiram College Phone number

_____ _____
e-mail address fax number

Please return this form to:

Hiram College
Office of Student Financial Aid
P.O. Box 67
Hiram, OH 44234

Fax: (330) 569-5499