



**OHIO UNIVERSITY
OFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS
PARTNERSHIP CONSORTIUM AGREEMENT
2009-2010**

- | | |
|---|---------------------------------|
| _____Columbus State Community College | _____Sinclair Community College |
| _____Cuyahoga Community College | _____Owens Community College |
| _____Lorain County Community College | _____Hocking College |
| _____Washington State Community College | |
| _____Central Ohio Technical College | |
| _____Other: _____ | |

A consortium agreement is a contract between the student, Ohio University, and the Host (Partner) Institution. Because you are enrolled in the *Online Bachelor Completion Program*, Ohio University will grant your degree upon completion of the degree requirements. This agreement permits the Ohio University Office of Student Financial Aid and Scholarships (OSFAS) to process financial aid based on the combined registered hours at both colleges for each term of the academic year. The completed Consortium Agreement allows Ohio University to disburse your financial aid based on your enrollment at both institutions. **Please submit the form by the deadlines listed on page four for each term.**

Ohio University will determine your eligibility for financial aid, disburse your financial aid, monitor your satisfactory academic progress and attendance, maintain your financial aid records, and report information regarding your enrollment and financial aid as required. The date your financial aid will disburse to your student account will be determined by Ohio University's disbursement schedule. **Any fees due to Ohio University will be paid first and any excess financial aid will be refunded to you no earlier than the first week of the quarter. You should use these funds to reimburse yourself for the tuition costs of your courses at the Host (Partner) Institution. It is your responsibility to pay your tuition and fees at the Host (Partner) Institution for any charges incurred that are due by their scheduled fee payment deadlines.** Contact your Host (Partner) Institution's website for their fee payment schedule.

PLEASE NOTE: You will most likely be required to pay the Host (Partner) Institution prior to financial aid being refunded to you at Ohio University. You are not permitted to obtain federal or state financial aid from both institutions. Because your financial aid is being processed by Ohio University, you must cancel any pending or scheduled financial aid at your Host (Partner) Institution. By completing the Host (Partner) Institution section of this agreement, the Host (Partner) Institution agrees NOT to process any federal or state financial aid for you as a guest student. If this agreement is violated, your federal and state financial aid awards may be revoked by one or both institutions.

You must notify both institutions if you drop or withdraw from any or all of your courses. Your financial aid award is based on your enrollment which will be verified and monitored throughout each term as well as after the term has ended. If you adjust your enrollment from the original course schedule provided and approved by your academic advisor, your financial aid may be adjusted which could cause you to have a balance due at one or both institutions.

WHAT YOU NEED TO DO:

1. File the 2009-2010 FAFSA (www.fafsa.ed.gov) if you intend to use any federal or state aid for your consortium agreement term. **O.U. Federal School Code: 003100**
2. Complete “**SECTION I: STUDENT INFORMATION**” and mail or fax to Kelly Czack, your Academic Advisor (see address below).
3. List your classes on **SECTION II** which will be signed by your Ohio University Academic Advisor, Kelly Czack, or Community College Partnership Director and forwarded to your Ohio University Financial Aid Advisor, Lisa Butler.
4. Ohio University OSFAS will forward your entire consortium agreement to the Host (Partner) Institution’s Office of Student Financial Aid.
5. The financial aid office at your Host (Partner) Institution will complete “**SECTION III: HOST (PARTNER) INSTITUTION’S RESPONSIBILITIES**” and return the consortium agreement form to Lisa Butler in the Ohio University OSFAS.
6. At the end of the quarter, you will provide the Lifelong & Distance Learning Office at Ohio University with an official academic transcript upon completion of the consortium agreement **each term** during the academic year for which the consortium agreement is effective. **(Mail to: Ohio University, Lifelong & Distance Learning, 102 Haning Hall, Athens, Ohio 45701)**

Please plan to complete Section I and II, print and sign where indicated and mail or fax pages 1-6 to your O.U. Academic Advisor by the deadline. (Mail to: Kelly Czack, Academic Advisor, Ohio University, 243 Haning Hall, Athens, Ohio 45701 or fax to: 740-593-2901)

If all sections are not submitted with appropriate certification and signatures, your Consortium Agreement will be returned to you as incomplete which will delay the processing of your financial aid award. Also, if your consortium agreement form is received after the deadline for the term, your financial aid will be delayed.

SECTION I: STUDENT INFORMATION

This section is to be completed by you. If Section I is not completed and signed, it will be returned to you as incomplete which may result in a delayed disbursement of your financial aid.

Full Name: _____

Last

First

O.U. PID # _____ Date of Birth: _____

Address: _____

Street/P.O. Box

City

State

Zip Code

Telephone # _____ Cell Phone # _____

O.U. Email Address: _____

We will use your O.U. e-mail address for all e-mail correspondence.

NOTE: This Consortium Agreement is valid for one academic year of study, but you must submit your list of classes (Section II, page 6) to your O.U. Academic Advisor for each term under this agreement if you pursue dual enrollment at O.U. and your community college. You must submit a new agreement when you continue on to your second year of the Online Bachelor Completion Program unless you are pursuing a degree program that is one year in length. You are also required to maintain a 2.0 GPA.

ENROLLMENT:

Please indicate the number of credit hours and term you INTEND to register at each college for the entire year. Be sure to indicate enrollment and hours for each term. DO NOT LEAVE BLANK. If you are not planning to enroll for a term, please indicate by writing "0" on the line for that term.

<u>Ohio University Enrollment:</u>	<u>Credit Hours:</u>
Summer 2009 (June 22 – Aug 29)	Total credit hours for Summer _____
Fall 2009 (Sept 8 – Nov 25)	Total credit hours for Fall _____
Winter 2010 (Jan 4 – Mar 20)	Total credit hours for Winter _____
Spring 2010 (Mar 29 – June 12)	Total credit hours for Spring _____

Note: For hours listed below, your Community College (Host/Partner Institution) will complete Section III.

Host (Partner) Institution Enrollment:	Credit Hours:
Summer 2009 (May – Aug)	Total credit hours for Summer _____
Fall 2009 (Aug – Dec)	Total credit hours for Fall _____
Winter 2010 (Jan – Mar)	Total credit hours for Winter _____
Spring 2010 (Mar – Jun) for quarter schools	Total credit hours for Spring Qtr. _____
(Jan-May) for semester schools	Total credit hours for Spring Sem. _____

Important Note: If your community college operates on semesters, please be advised that a quarter hour is two-thirds of a semester hour. Ohio University will do the hour conversion during processing.

CONSORTIUM AGREEMENT FORM DEADLINES

Summer 2009	June 8, 2009
Fall 2009	August 25, 2009
Winter 2010	December 16, 2009
Spring 2010	March 15, 2009

Please submit this form by the above dates to avoid a delay in the processing of your financial aid.

BY SIGNING BELOW YOU AGREE TO THE FOLLOWING TERMS:

- Be enrolled in a degree program at Ohio University
- Maintain satisfactory academic progress as defined at: www.ohio.edu/financialaid (www-sfa.chubb.ohiou.edu/postapply/postapply_sap.html)
- Take only the courses at the Host (Partner) Institution which are transferable to your Ohio University degree as certified by your Ohio University Academic Advisor for the Online Bachelor Completion Program
- Notify Ohio University Office of Student Financial Aid and Scholarships (OSFAS) if you do not begin attendance in the courses approved under this agreement
- Inform OU OSFAS and the Host (Partner) Institution's Financial Aid Office if you drop or withdraw from any or all courses
- **Pay all tuition, fees, and other expenses as charged by OU and/or the Host (Partner) Institution**
- **Financial aid will be applied to my balance at Ohio University first, and any refund will be sent directly to me. It is my responsibility to pay my Host (Partner) Institution or set up payment arrangements for any balance owed (if permitted) by their fee payment deadlines, even if aid has not yet been applied at Ohio University.**

- I agree to authorize my Host (Partner) Institution to release any enrollment, academic, and tuition related information to Ohio University for the 2009-2010 award year.
- I agree to provide the Lifelong and Distance Learning Office at Ohio University with an official academic transcript upon completion of *each term* of the consortium agreement year. The Lifelong and Distance Learning Office will forward the transcript to the Office of the University Registrar.

Student Signature: _____ Date: _____

Please attach a copy of your registration and/or fee statement for the course(s) you have registered at your Partner Institution (Community College) and fax pages 1-6 of this form to Kelly Czack, your Academic Advisor, at 740-593-2901 or mail to 243 Haning Hall, Ohio University, Athens, Ohio 45701.

If you are dual enrolled for more than one term this year, you only have to submit page six along with your registration and/or fee statement to Kelly Czack.

If you have a question regarding this form, contact our office at (740) 593-4712 or e-mail your question to butlerl@ohio.edu. The Office of Student Financial Aid and Scholarships wishes you success in your study under this consortium agreement.

SECTION II: O.U. ACADEMIC ADVISOR'S ASSESSMENT

Student Name: _____

O.U. PID #: _____

List all courses and credit hours the student plans to take during the consortium year at the Host (Partner) Institution (Community College) and Ohio University.

Summer 2009

<u>Community College</u>	Credit Hrs.	<u>Ohio University</u>	Credit Hrs.
Course Number		Course Number	
_____	_____	_____	_____
_____	_____	_____	_____

Fall 2009

<u>Community College</u>	Credit Hrs.	<u>Ohio University</u>	Credit Hrs.
Course Number		Course Number	
_____	_____	_____	_____
_____	_____	_____	_____

Winter Quarter 2010 / Spring Semester 2010 / Spring Quarter 2010

(circle correct term)

<u>Community College</u>	Credit Hrs.	<u>Ohio University</u>	Credit Hrs.
Course Number		Course Number	
_____	_____	_____	_____
_____	_____	_____	_____

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 O.U. Online Bachelor Completion Degree program. **Mail or fax Sections I and II to the O.U. Office of Student Financial Aid and Scholarships, Attn: Lisa Butler (593-4140).**

OU Academic Advisor's Signature

Date

Kelly Czack

Printed Name

czack@ohio.edu
E-Mail Address

University Outreach, Lifelong Learning & Distance Learning
Department

740-593-9954
Advisor's Tel. No.

UNDER THIS AGREEMENT OHIO UNIVERSITY OFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS WILL:

- Process the student's FAFSA application and provide payment of Title IV funds (if eligible), as appropriate, for the consortium agreement period based on the Cost of Attendance for OU and the Host (Partner) Institution
- Disburse federal aid according to the Host (Partner) Institution and Ohio University's academic calendar
- Monitor Satisfactory Academic Progress
- Process enrollment reporting to the National Student Loan Data System (NSLDS)
- 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
- Report the student on our FISAP

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, and personal costs.

Student's estimated O.U. Summer 2009 COA	\$ _____
Student's estimated O.U. Fall 2009 COA	\$ _____
Student's estimated O.U. Winter 2010 COA	\$ _____
Student's estimated O.U. Spring 2010 COA	\$ _____

O.U. OSFAS Authorizing Signature

Date

Lisa Butler
Printed Name

(740) 593-4712 (740) 593-4140
Telephone Number **Fax Number**

butlerl@ohio.edu
E-mail Address

SECTION III: HOST (PARTNER) INSTITUTION'S RESPONSIBILITIES

[to be completed by the Host (Partner) Institution's Financial Aid Representative]

Student Name: _____ Date of Birth _____

Name of Host (Partner) 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:

___ Quarters ___ Semesters

List total credit hours the student is enrolled at your institution:

___ Summer 2009 ___ Fall 2009 ___ Winter 2010 ___ Spring 2010

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

List the Cost of Attendance figures for the term under this agreement. If your COA amounts have already been sent to the Ohio University OSFAS, your information will be attached to this student's consortium agreement by our office.

Please check the student's anticipated Cost of Attendance for each term.

Summer 2009

Full-time ___ $\frac{3}{4}$ time ___ $\frac{1}{2}$ time ___ less than $\frac{1}{2}$ time ___

Fall 2009

Full-time ___ $\frac{3}{4}$ time ___ $\frac{1}{2}$ time ___ less than $\frac{1}{2}$ time ___

Winter 2010

Full-time ___ $\frac{3}{4}$ time ___ $\frac{1}{2}$ time ___ less than $\frac{1}{2}$ time ___

Spring 2010

Full-time ___ $\frac{3}{4}$ time ___ $\frac{1}{2}$ time ___ less than $\frac{1}{2}$ time ___

To be completed by Ohio University OSFAS:

Student's Summer 2009 Total COA: \$ _____

Student's Fall 2009 Total COA: \$ _____

Student's Winter 2010 Total COA: \$ _____

Student's Spring 2010 Total COA: \$ _____

UNDER THIS CONSORTIUM AGREEMENT AND UPON COMPLETION OF THIS FORM, THE HOST (PARTNER) 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

Title

Telephone #

E-Mail Address

FAX #

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

Lisa Butler
Ohio University
Office of Student Financial Aid and Scholarships
Chubb Hall 020
Athens, Ohio 45701-2979
T: (740) 593-4712
F: (740) 593-4140
butlerl@ohio.edu

4/7/2009
OSFAS