

STUDENT INFORMATION			
First Name	Last Name	Middle	UD Student ID#

# INSTRUCTIONS

A Financial Aid Consortium Agreement allows you to send federal funds (Pell grant, federal direct Subsidized/Unsubsidized Stafford loans, Parent PLUS Loans) and private student loans to another institution when you will be attending as a visiting/transient student for one term. Before completing the Consortium Agreement, please see your Academic Advisor/Dean's office for permission to receive transfer hours. Once you have received your approval for transfer credit, please complete Section 1 (and Section 3 if applicable) of the agreement, and then send this agreement to the host institution to complete section 2 (and Section 3 if applicable). (Note: Section 3 must be completed only if the host institution is not eligible to receive Title IV aid). Email the completed agreement to fss@udayton.edu with two attachments: (1) a copy of your schedule at the host institution and (2) your Undergraduate Transfer Credit Pre-Authorization (the approval for transfer hours from your academic advisor/Dean's office).

SECTION 1: TO BE COMPLETED BY STUDENT					
University of Dayton (home school) and	(host school)				
Consortium Term: Fall Spring Summ	er				
Host Student ID Number (if known):					
Statement of Authorization:					
I agree to:	I understand that:				
<ul> <li>Submit this form to the University of Dayton and to m Host School for completion.</li> <li>Inform the University of Dayton immediately if I choos not to enroll or otherwise cancel my participation in the program.</li> <li>Allow the University of Dayton and my Host School to share information relating to my enrollment and finance aid eligibility.</li> <li>Maintain satisfactory academic progress.</li> </ul>	<ul> <li>No funds will be sent to my Host School until this form has been completed by me, the Host School, and the University of Dayton.</li> <li>Any balance currently owed the University of Dayton must be satisfied prior to any financial aid funds being released to my Host School.</li> <li>I am responsible for any payment due to my Host School prior to the start of classes as my funds cannot, under any circumstance, be released prior to the date my classes begin.</li> </ul>				
Student Signature:	Date:				
I have attached a copy of my schedule from the host institution.					
I have attached my Undergraduate Transfer Cre approval for transfer hours).	dit Pre-Authorization (academic advisor/ Dean's Office				

	SECTION 2: TO	O BE COMPLE	TED BY THE	HOST SCHOOL	L
Host School Contact:					
Host School Title:					
Phone:			<b>Fax</b> :		
Email:					
8-digit Title IV* school code:					
Student Enrollment Dates:		to			
Student Enrollment status:	full time	3/4 time	1/2 time	<1/2 time	
Cost of Attendance for enrol	lment period s	stated above:			
Tuition & Fees:					
Room/board:					
Books & Supplies:					
Travel Allowance:					
Personal Living Allowance:					
Total COA:					
Address which funds are to I	be sent*:				
University:					
Department:					
Address:					
City:				_ State:	Zip:
Attention:					
*Make payable to:					
*If you are not a US Dept. of Agreement'.	Education Title	e IV institution	you must c	omplete a 'Sect	ion 3: Contractual
The Host School:					
Has accepted this student financial aid eligibility requi		isiting status in a	an academic	program that me	ets the Title IV student
Agrees not to process or a	•				
<ul> <li>Agrees to notify the Univer conclusion</li> </ul>	sity of Dayton if	f the student wit	hdraws from	the program or c	lecreases enrollment before its
Agrees to notify the Univer sources	sity of Dayton o	of student aid th	at the studen	t receives from n	on-University of Dayton

Authorized Signature: \_\_\_\_\_

## **Consortium Agreement Supplement** Financial Aid Award for Study Abroad/Consortium

#### **SECTION 3: CONTRACTUAL AGREEMENT** This section is only required for non-Title IV institutions

## Please note: if the host institution is a Title IV institution, you may skip this section.

As noted in 34 CFR in Parts 668.19, 668.39 and 668.5, Student Assistance General Provisions, and Part 690, Pell Grant Program, Code of Federal Regulations, this agreement is entered into between the institutions listed below for the purpose of providing federal financial assistance to students. This agreement will apply to Title IV funds, Pell Grants, Campus Based Aid, and any other financial aid (the FSA Programs).

## TO BE COMPLETED BY STUDENT

Student Name: \_\_\_\_\_

UD Student ID Number: \_\_\_\_\_\_ Host Student ID Number (if known): \_\_\_\_\_

## TO BE COMPLETED BY THE HOST SCHOOL

#### Certifications by Host School: (Please check all that apply):

- Host School certifies that it has not had its eligibility to participate in the FSA Programs terminated by the United 0 States Department of Education (the Department).
- Host School certifies that it has not voluntarily withdrawn from participation in the FSA Programs under a 0 termination, show-cause, suspension, or similar type proceeding initiated by the institution's state licensing agency, accrediting agency, guarantor, or by the Department.

Printed Official Name:	Title:		
Address:			
City	State	Zip	
Phone number:	Fax:		
E-mail Address:			
Authorized Signature:		Date:	

## Consortium Agreement Supplement Financial Aid Award for Study Abroad/Consortium

		COMPLETED BY THE HOME SCHOOL (and 3, if required) have been completed
Approved Financial Aid for:		
Student's First Name:		Student's Last Name:
UD Student ID Number:		Host Student ID Number (if known):
Enrollment Dates:	to	Date funds released:
Award Name		Net Amount
Total Aid Eligibility:		
<ul> <li>appropriate for the consortium</li> <li>Will make available applicable</li> <li>Certifies that the student is mal certificate, or recognized crede</li> <li>Will calculate returns of Title IV</li> <li>Will maintain Title IV record ke</li> <li>Agrees to consider this student</li> </ul>	period. student consum king satisfactory ntial at the Hom / funds, when ap eping and report t enrolled in an e ial aid based on	opropriate. ting requirements. eligible program of study at the Home School. the cost of attendance at the Host School.
UD Official Name:		
Title:		
Phone number:		Email Address:
Authorized Signature:		Date:
		Office of Financial Aid Iyer Student Services

St. Mary's Hall 108 300 College Park Dayton, Ohio 45469-1605 TEL: 937-229-4141 FAX: 937-229-4338 fss@udayton.edu