



## Consortium Agreement

The purpose of this form is to facilitate payment for courses that you will be enrolled in as a guest student at another institution (host institution). The completed Consortium Agreement allows The University of Toledo to disburse your financial aid based on your enrollment at both institutions.

The University of Toledo will determine your eligibility for financial aid, disburse your financial aid, monitor your 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 The University of Toledo's disbursement schedule and the start date of your consortium term. Any fees due to The University of Toledo will be paid first and any excess financial aid will be refunded to you. You should use these funds to pay for your courses at the host institution. It is your responsibility to contact the host institution regarding their payment deadlines and to make payment to the host institution for any charges incurred.

You are not permitted to obtain federal or state financial aid from both institutions. By completing their section of this agreement, the host institution agrees to NOT 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, which may cause you to have a balance due. It is your responsibility to make sure that the host institution understands that you are a student at The University of Toledo and they should not process any federal or state financial aid for you.

You must notify both institutions if you drop or withdraw from any or all of your courses. Your financial aid award is processed based on your enrollment. Your enrollment will be verified and monitored throughout the term. If you adjust your enrollment from the original course schedule provided, your financial aid may be adjusted, which may cause you to have a balance due.

Directions for completing the Consortium Agreement are as follows:

- SECTION ONE – STUDENT INFORMATION is to be completed by you.
- SECTION TWO – HOST INSTITUTION INFORMATION is to be completed by the host institution's financial aid representative.
- SECTION THREE – THE UNIVERSITY OF TOLEDO INFORMATION is to be completed by your academic advisor and by a financial aid representative.

After securing the necessary information and signatures from the host institution and from your academic advisor, please return this form to the Rocket Solution Central office.

If you have any questions, please contact the Rocket Solution Central office at 419.530.8700.



# Consortium Agreement

## SECTION ONE - STUDENT INFORMATION (to be completed by the student requesting the consortium)

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

\_\_\_\_\_  
Student Rocket Number

Term of consortium: \_\_\_\_\_ fall \_\_\_\_\_ spring \_\_\_\_\_ summer \_\_\_\_\_ year

How many hours will you be registered at The University of Toledo (**UT**) during the consortium term? \_\_\_\_\_

By signing below, you agree to:

1. complete the courses indicated in SECTION THREE of this agreement or notify both institutions if you drop or withdraw from any or all of your courses.
2. comply with **UT's** and the host institution's policies regarding refunds, satisfactory academic progress, and all eligibility requirements, including not receiving state or federal financial aid from more than one institution during the same term.
3. secure your financial aid disbursement from **UT** and submit it to the host institution for payment of fees.
4. pay fees according to the payment deadlines of each institution.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## SECTION TWO - HOST INSTITUTION INFORMATION (to be completed by the host institution's financial aid representative)

1. Name of host institution: \_\_\_\_\_
2. Will the student receive financial aid at your institution? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please list type and amount of funding: \_\_\_\_\_
3. Student's enrollment dates will be: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
4. Total credit hours the student is enrolled: \_\_\_\_\_
5. Your institution operates on a: \_\_\_\_\_ quarter \_\_\_\_\_ semester system.
6. Cost of attendance for the consortium term:  
Tuition and fees \$ \_\_\_\_\_  
Room and board \$ \_\_\_\_\_  
Books and supplies \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
TOTAL COST OF ATTENDANCE \$ \_\_\_\_\_

Under this consortium agreement and upon completion of this form, the host institution will:

- ✓ certify that the student is enrolled in an academic program that meets Title IV requirements.
- ✓ provide institution-specific consumer information to the student.
- ✓ notify **UT** if the student drops or withdraws from any or all courses at the institution.
- ✓ NOT process any state or federal financial aid for the consortium term.
- ✓ attach a copy of the student's current registration and invoice to this form.

\_\_\_\_\_  
Host Institution Financial Aid Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

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

\_\_\_\_\_  
Student Rocket Number

**SECTION THREE - THE UNIVERSITY OF TOLEDO INFORMATION**

ACADEMIC ADVISOR VERIFICATION (to be completed by the student's *UT* academic advisor)

List all courses the student plans to take during the consortium term and the UT course equivalency:

Course _____	<i>UT</i> Equivalency _____
Course _____	<i>UT</i> Equivalency _____
Course _____	<i>UT</i> Equivalency _____
Course _____	<i>UT</i> Equivalency _____
Course _____	<i>UT</i> Equivalency _____

Please sign below verifying that the courses the student plans to take during the consortium term will be accepted as part of the student's degree program at *UT*. Your signature also confirms that the student is in a degree-seeking program at *UT*.

\_\_\_\_\_  
UT Academic Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

THE *UT* FINANCIAL AID REPRESENTATIVE AGREES TO:

1. process all financial aid for which the student is eligible.
2. maintain all financial aid records.
3. disburse financial aid according to *UT's* disbursement schedule and the start date of the consortium term.
4. verify and monitor enrollment.
5. monitor academic progress.
6. calculate a Title IV program refund, if applicable.

\_\_\_\_\_  
UT Financial Aid Authorizing Signature

\_\_\_\_\_  
Date

Lisa Hasselschwert  
Printed Name

Director, Rocket Solution Central  
Title

419.530.5818  
Telephone Number

419.530.5835  
Fax Number

[lisa.hasselschwert@utoledo.edu](mailto:lisa.hasselschwert@utoledo.edu)  
E-mail Address

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

Lisa Hasselschwert  
Rocket Solution Central  
1200 Rocket Hall - MS 314  
The University of Toledo  
2801 W. Bancroft St.  
Toledo, Ohio 43606-3390