



SOUTHERN STATE
COMMUNITY COLLEGE

CONSORTIUM AGREEMENT Request Form

STUDENT SECTION

Name _____ SSN _____

First Middle Last

Address _____

Street City State Zip Code

Home Telephone (____) _____ Cell (____) _____

Area Code and Number Area Code and Number

Email _____

Consortium Enrollment Period SU/16 _____ FA/16 _____ SP/_____

TERMS OF AGREEMENT

1. I recognize AUM as my home school which will award my financial aid and apply it first towards tuition, fees, books, and other charges at AUM. Any remaining eligible balance will be mailed to me in a refund check.
2. I will be responsible to pay any tuition and fees at my host school by their payment due date.
3. I will only enroll in courses at my host school which are transferable back to AUM for my degree or certified program.
4. I will notify AUM Financial Aid Office of changes to the approved courses in Section II of this agreement, including (a) not enrolling in course(s); (b) substituting course(s); and (c) dropping or withdrawing from course(s).
5. Will allow AUM to share information with my host school regarding admissions, registration, billing, academics and financial aid when necessary to complete the consortium agreement and remain in compliance with Title IV regulations.
6. Will request an official academic transcript be sent from my host school to the Registrar's office at AUM upon completion of the consortium period.

By signing, I confirm that I have read and agree to accept the above responsibilities/conditions of this agreement.

Student signature _____ Date _____

AUM Student ID _____

ACADEMIC ADVISOR SECTION

Course(s) to be taken at host school

Credits

_____	_____
_____	_____
_____	_____
_____	_____

ADVISOR CERTIFICATION

I verify this student is a degree seeking or certificate candidate at AUM. The student is authorized to register for the above listed courses at host school. Upon successful completion with a grade of "C" or better, the course(s) specified will transfer and will apply towards the students degree requirements at AUM.

Advisor signature _____ Title _____

Advisor printed name _____ Date _____

Academic Department _____ Phone _____

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NOTE: Once student and advisor sections have been completed the student may submit the forms to the Financial Aid office at the host institution.
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HOST SCHOOL SECTION

Host School agrees to:

1. Not award any federal or state financial aid to the student and will keep a copy of the completed consortium agreement on file.
2. Verify student is registered for the approved courses listed on this consortium agreement.
3. Notify AUM if the student drops or withdraws from an approved consortium class(es).
4. Notify AUM of any non Title IV resources received by the student.

Term of enrollment _____ semester of the _____ academic year

Tuition and fees _____ Start date _____

Room and Board _____ End date _____

Other expenses _____ Total hours _____

Total _____ Status (circle one) FT $\frac{3}{4}$ $\frac{1}{2}$ $<\frac{1}{2}$

Signature _____ Title _____

School name and address _____

Contact phone _____ Email _____

Date _____

HOME SCHOOL SECTION

Home School agrees to:

1. Grant the student's degree and will determine, award, and disburse the student's Title IV federal and state aid.
2. Calculate any refunds and/or repayments required to be returned to either the federal and/or state program resulting from either the student's complete withdrawal or a reduction in course load.
3. Monitor satisfactory academic progress.
4. Keep on file this agreement and all records regarding student's eligibility and receipt of financial aid.
5. Count course(s) taken at both schools when determining the student's enrollment status and cost of attendance.

Term of enrollment _____ semester of the _____ academic year

Total hours enrolled including host _____

Status (circle one) FT $\frac{3}{4}$ $\frac{1}{2}$ $<\frac{1}{2}$

Approved financial aid:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Signature _____ Title _____

Phone _____ Email _____

Date _____