



MIDWEST

Financial Aid Consortium Agreement

Student Instructions/ Checklist

NOTE TO STUDENTS:

Before the start of each term at Antioch University Midwest (AUM), it is the student's responsibility to submit the Consortium Agreement and contact the Financial Aid Office to confirm the amount of aid for the upcoming semester!

Table with 2 columns: DONE, TASK. Rows include: Complete the FAFSA annually, Complete Student Section I, Complete Section II (with sub-points), Complete Section III, and Submit the Consortium Agreement Form to AUM and Confirm Your Refund Method (with sub-points).

Contact the Office of Financial Aid:

Antioch University Midwest

900 Dayton Street, Yellow Springs, Ohio 45387

Email: finaid.aum@antioch.edu | Phone: 937-769-1883 | Fax: 937-769-1804

Section I- To be completed by the Student

**ANTIOCH UNIVERSITY MIDWEST
CONSORTIUM AGREEMENT**

Between Antioch University Midwest and

Name of Host College

Antioch University and the college named above are herein entering into a consortium agreement for:

Name of Student: _____ Email Address: _____

Telephone #: _____ Antioch Student ID#: _____

1) For which semester and year are you completing this form? (Students must complete this form for each semester for which they wish to receive financial aid under a consortium agreement)

Summer Fall Winter Spring **Year** _____

2) I will register for _____ credits at Antioch University Midwest and _____ credits at the Host College.

3) Check the following box if you need to be reported as a full-time student in order to receive Veteran's Benefits:
Yes

Section I – Student Criteria

The Student Must:

- Take courses at the host college that are transferable to their degree program at AUS.
- Be enrolled in a degree-granting program at AUS and be making satisfactory academic progress as specified by the AUS Satisfactory Academic Progress policy.
- Submit this form along with a copy of their registration from the host college to the host Financial Aid Office.
- If you drop any courses, you must notify the AUM Financial Aid Office immediately.
- Submit an unofficial copy of the grade transcript from the host college at the completion of the semester.
- **NOT** be receiving financial aid at the host college.

Once all pages of your consortium agreement are received, the fourth page of the agreement will be completed. Antioch's Office of Financial Aid will complete the package and email a copy of the entire package to your host school's office of financial aid and to you.

Student Signature: _____

Date: _____

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Section II- To be completed by Antioch Academic Advisor and Student

Section II – To be completed with the student’s AUM Academic Advisor

Please complete the section below for all courses and make sure to include course number, name and amount of credits:

Course Number	Course Name	Number of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Credits:		_____

Advisor Certification and Student Acknowledgement:

I verify this student is a degree seeking or certificate student at AUM. The student is authorized to register for the above listed courses at their host school listed in section I of this agreement. Upon successful completion of the term with a grade of “C” or better, the course(s) specified will transfer and be applied toward the student’s degree requirements at AUM. The student is responsible for submitting an official copy of a transcript from the host school to the Office of the Registrar at AUM for official placement of transfer credit on the student record.

Advisor signature _____ Title _____

Advisor printed name _____ Date _____

Academic Department _____ Phone _____

Student Signature _____ Date _____

Student Name (Please Print) _____

**Section III – To be completed by the
Financial Aid Office at the Host College/University**

Will the student receive financial aid at your institution? YES NO

If Yes, **please do not complete the remainder of this form.** Please sign it and return it to Antioch’s Financial Aid Office.

If No, (the student won’t be receiving financial aid at your institution), **please complete the following section:**

Dates of Enrollment under this agreement:

Begin Date ____/____/____ End Date ____/____/____

Tuition and Fees per credit hour \$ _____

Books and Supplies per credit hour \$ _____

Total \$ _____

Antioch University’s Financial Aid Office will be notified by the host college if the student withdraws from any classes taken under this agreement: Yes No

Financial Aid Officer’s Signature at Host College: **Date Signed:**

First Name: **Last Name:** **Title:**

Phone Number: **Email Address**

Please return this form to:

**Antioch University Midwest
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Yellow Springs, OH 45387
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Section IV – To be completed by Antioch University Midwest (Home School)

Approved Financial Aid for:

Student's Name: _____ Antioch Student ID # _____

Enrollment Dates: _____ SSN: _____ XXX-XX-_____

Award Name:	Amount

Total Aid Eligibility\$ _____

Under this consortium agreement, the Home School:

- Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
- Calculate any refunds and /or repayments required to be returned to the federal and/or state program resulting from either the student's failure to complete or withdrawal or a reduction in course load.
- Monitor satisfactory academic progress.
- Keep on file this agreement and all records regarding students 'eligibility and receipt of financial aid.
- Count course (s) taken at both schools when determine the student's enrollment status and cost of attendance.

Signature _____ Title _____ Date _____

Phone _____ Email _____

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