



Student Financial Aid Consortium Agreement

If you are a degree seeking student at Kennesaw State University (home institution) and plan on taking courses at another institution (host institution), you must complete a Consortium Agreement in order to receive your financial aid. This allows your eligibility for financial aid to be based on the total credit hours attempted at both institutions for the term. **A new Consortium Agreement must be completed each term.**

All documents must be completed and submitted PRIOR to the beginning of your program for completion of this agreement. Failure to complete this Consortium Agreement will prevent the release of financial aid funds and the accurate reporting of your enrollment by the Office of the Registrar. ***If you are seeking HOPE ONLY, the consortium agreement is not necessary. You will need to complete the HOPE Transient Request Form.***

For reference Only – checklist for completing the Consortium Agreement	
	Financial Aid Acknowledgment for Consortium Agreement To be completed and signed by student
	Course Credit Approval Request Form Section I to be completed by student Section II to be completed by your KSU Academic Advisor and KSU Registrar
	Consortium Agreement Section I to be completed by student Submit form to host institution for completion of Section II
	Submit completed documents to the Office of Student Financial Aid Kennesaw State University Office of Student Financial Aid 585 Cobb Avenue NW, MD 0119 Kennesaw, GA 30144 or fax to: (470) 578-9096

Disbursement of Financial Aid

Financial aid will be disbursed only after the evaluation of credit hours is accurately determined. **It is your responsibility to arrange for payment at the host institution, including tuition, fees and books, until funds can be disbursed to you.** You must follow regular payment procedures at both institutions to ensure that your fees and bills are paid by the required deadline dates.

Student Requirements

You must notify the Office of Student Financial Aid at KSU immediately of any changes in your enrollment status at the host institution. In the event of non-attendance or withdrawal from any or all classes, you will be responsible for repayment of financial aid received according to applicable federal, state and institutional regulations.

- All consortium credit hours submitted for consideration must be accepted and satisfy degree requirements at KSU.
- **Credit hours earned at the host institution must be transferred to KSU. An official transcript must be sent to the Office of Admissions at KSU. Financial aid for subsequent periods of enrollment will not be released until the official transcript has been received and reviewed.**

Satisfactory Academic Progress (SAP)

Credit hours taken at both institutions will be used to determine your Satisfactory Academic Progress (SAP) as a financial aid recipient. Please review the SAP policy on our website <http://financialaid.kennesaw.edu/>.

Please make a copy of all documents for your records.



Financial Aid Acknowledgment for Consortium Agreement

A consortium agreement enables you to receive financial aid while concurrently enrolled for courses at Kennesaw State University (home institution) and another institution (host institution). This allows your eligibility for financial aid to be based on the total credit hours attempted at both institutions for the term. If you are seeking **HOPE only**, the Consortium Agreement is not necessary. You **will** need to complete the HOPE Transient Request Form.

If you will be taking courses at another institution, you must fill out this form to receive your financial aid. Pending receipt of this form by the Financial Aid Office, a hold will be placed on your financial aid account and no financial aid will disburse. This form must be completed and signed before it is submitted to the KSU Office of Student Financial Aid.

Student Name _____ KSU ID# _____

Name of Institution you will be attending _____

Consortium Semester: Fall Spring Summer Academic Year _____

AFFIRMATION OF FINANCIAL AID USE (INITIAL BY EACH ITEM – YOUR FORM IS NOT VALID WITHOUT THIS)

_____ I allow Kennesaw State University and the host school to share information related to my enrollment.
initial

_____ I understand that I must pay all charges to the host institution by their payment deadline date even if my financial
initial aid has not yet been disbursed by Kennesaw State University.

_____ I understand that any existing balance at the host institution must be resolved in sufficient time to allow the receipt of
initial my transcript by KSU.

_____ I understand that KSU must receive my transcript from the host institution before my aid will disburse in any subsequent
initial terms.

_____ I understand that my failure to do this (within 1 month from the 1st day of classes in the subsequent term) will result in the
initial loss of all federal, state, and/or KSU institutional financial assistance.

_____ I understand that per Federal Regulations & KSU Financial Aid policy, the earliest my financial aid funds will disburse is
initial 10 days before the first day of classes for that semester but not sooner than the KSU published disbursement date.

_____ I understand any coursework taken at the host institution, not previously approved on Course Credit Approval Request
initial form, may result in reduction or cancellation of my financial aid.

_____ I understand any changes made after add/drop may impact my financial aid and may cause my financial aid to be reduced
initial or cancelled. I further understand that if my financial aid is reduced or cancelled that I will be responsible for repayment.

Student Signature _____ Date _____

Office of Student Financial Aid, 585 Cobb Avenue NW, MD 0119, Kennesaw, GA 30144
Phone (770) 423-6074 Fax (470) 578-9096
More information can be found on our website at <http://financialaid.kennesaw.edu/>.



SECTION I – TO BE COMPLETED BY THE STUDENT

Student Name _____ KSU ID# _____
 E-mail Address _____@students.kennesaw.edu Phone # _____
 Consortium Semester: Fall Spring Summer Academic Year _____
 Enrollment Dates: Begin ____/____/____ End: ____/____/____ Host Institution _____
 Major: _____

- I may be required to repay funds from certain financial assistance programs if I drop or withdraw from my courses or if my classes are cancelled.
- I understand that if I register for courses that I have not been approved for or fail to complete this application properly my financial aid will be denied or removed from my account.
- I understand that a financial aid hold will be placed on my student account and I will not receive any financial aid until the Official Transcript from the host institution has been received and processed (policy located on Financial Aid website).

I have read and clearly understand my rights and responsibilities as stated above.

Student Signature _____ Date _____

SECTION II – TO BE COMPLETED BY THE KSU ACADEMIC ADVISOR & KSU REGISTRAR

The student listed ABOVE intends to enroll in the following courses at _____ (host institution).

Please note: Final approval regarding the transfer of coursework is at the discretion of the Registrar’s Office. (Please attach additional courses on a separate sheet, if necessary).

Course _____	Hours _____	KSU Equivalent _____
Course _____	Hours _____	KSU Equivalent _____
Course _____	Hours _____	KSU Equivalent _____
Course _____	Hours _____	KSU Equivalent _____
Course _____	Hours _____	KSU Equivalent _____

I have reviewed the degree program and the above courses should be accepted for transfer and may count towards the student’s degree requirements at KSU (major or required electives).

 Academic Advisor Signature Date

 Printed Name Department Telephone Number

 Registrar Comments

 Registrar Signature Date



SECTION I – TO BE COMPLETED BY THE STUDENT

Student Name _____ KSU ID# _____
 E-mail Address _____@students.kennesaw.edu Phone # _____
 Consortium Semester: Fall Spring Summer Academic Year _____
 Do you plan to register at KSU during the consortium semester? (Select one) Yes No
 If yes, how many hours do you plan to take at KSU? _____
 Name of Host Institution _____ Contact Person _____
 Contact E-mail _____ Contact Phone # _____
 All information provided on the Consortium Agreement is correct to the best of my knowledge.
 Student Signature _____ Date _____

SECTION II – TO BE COMPLETED BY THE HOST INSTITUTION

Program Cost of Attendance:	First day of class(es) ____/____/____
Tuition and Fees \$ _____	Last day to drop/add class(es) ____/____/____
Room and Board \$ _____	Enrollment Status: Semester Hours Quarter Hours
Books and Supplies \$ _____	Total number of hours enrolled _____
Transportation \$ _____	
Miscellaneous \$ _____	
Total \$ _____	

As a representative of the host institution you agree to:

- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV, and State financial aid requirements.
- Not award any federal, state (excluding HOPE) institutional or private aid during the time the student is enrolled at your school.
- **Notify KSU if the student fails to register, reduces the number of credit hours or withdraws from classes.**

 Host Institution Representative Signature Date

 Print Name E-mail Address

 Phone # Fax #

Completed form can be mailed to:
Kennesaw State University, Office of Student Financial Aid
585 Cobb Avenue NW - MD 0119, Kennesaw, GA 30144
or fax to: (470) 578-9096