CONSORTIUM AGREEMENT

You must complete this form indicating the name of the Host Institution you are planning to attend. Read the Important Facts and Financial Obligation; attach the appropriate document(s) and forward to the Office of Student Financial Aid at Georgia State University. We will send the consortium agreement to the host institution.

Section I: Complete Student Information

Georgia State University and ________________________________

(Host Institution)

are herein entering into a consortium agreement for the above named student.

Academic Year 2016-2017

Term(s) you will be transient/study abroad: ☐ Fall 2016 ☐ Spring 2017 ☐ Summer 2017
Section II: Important Facts
(After reading each statement, initial the blank to the left)

_______ You must be degree-seeking at Georgia State University and meet all of the eligibility requirements for approval for transient/study abroad study, as determined by the Office of the Registrar and the Office of Financial Aid.

_______ To be eligible for Title IV Aid, transient/study abroad study requires a minimum enrollment of 6 credit hours at the host institution or 6 hours at the home institution.

_______ You must be registered for the approved courses appearing on the Academic Approval Form.

_______ You must attach to this agreement legible copies of your completed, signed and approved Academic Approval Form for each term you are transient/study abroad.

_______ You MUST submit academic transcripts to the office of Undergraduate Admissions. All financial aid recipients including HOPE Scholarship recipients will be placed on hold for future semesters until academic transcripts are submitted from the host institution for the term attended.

Section III: Financial Obligation
(After reading each statement, initial the blank to the left)

_______ Only Georgia State University will process qualified financial aid for eligible Georgia State University degree-seeking students participating in transient/study abroad study.

_______ You are responsible for paying fees to the Host Institution if due prior to the disbursement of your Financial aid.

_______ You may be required to repay certain financial aid funds should you drop or withdraw from any classes while transient/study abroad.

Student Statement of Compliance
I have read and clearly understand my rights and responsibilities as stated above. I have initialed all of the boxes completed Section I - of this agreement. I have attached legible copies of my signed and approved Academic Approval Form.

________________________________________________________  __________________________________________
Student Signature                                      Date
Section IV: Cost of Education
(Completed by the Host Institution)

It is agreed that only Georgia State University will award financial aid to the student and will be responsible for determining refunds and repayments resulting from the student’s withdrawing from classes.

The Host Institution will not provide financial aid to the student for the period indicated. The host institution agrees to verify the student’s enrollment and continued eligibility for funds prior to disbursement. Georgia State University will disburse financial aid to the student only after we receive certification from host institution. Certification must be sent to the address or fax number shown below.

The host institution agrees to notify Georgia State University if the student ceases enrollment prior to the end of the term(s) indicated or drops below 6 credit hours.

Term of enrollment: ☐ Fall 2016 ☐ Spring 2017 ☐ Summer 2017

Number of credit hours enrolled this term: ____________________

The period of enrollment begins on ________________ and ends on ________________

| Tuition/Fees | ____________ |
| Books and Supplies | ____________ |
| Room and Board | ____________ |
| Transportation | ____________ |
| Personal | ____________ |
| Other (please specify) | ____________ |

Total Cost ____________

Host Institution

Name of Host School ____________________

Financial Aid Authorized Signature ____________________

Address ____________________

City, State and Zip ____________________

Telephone Number or Email ____________________

Home Institution

Georgia State University

Name of Home School ____________________

Financial Aid Authorized Signature ____________________

Printed Name and Title ____________________

Date ____________________

Host Institution – Return this agreement to:
Georgia State University – Office of Student Financial Aid
P. O. Box 4040, Atlanta, GA 30302-4040
Fax: (404) 413-2101 Telephone: (404) 413-2121