CONSORTIUM AGREEMENT

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

Section I: Student Information: (You must answer each of the following questions.)

Georgia State University and ______________________________________________ (Host Institution)
are herein entering into a consortium agreement for ______________________________________ (Student Name First, Middle, Last)

Panther ID # ____________________

Term(s) you will be transient/study abroad: Fall ____ Spring ____ Summer ____ Academic Year _______

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.

____ 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.

____ You must submit academic transcripts to office of Undergraduate Admissions. HOPE Scholarship recipients will be placed on hold for future semesters until your academic transcripts are submitted from the host institution for the term attended.

Student Statement of Compliance

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

__________________________________________  ________________
Student Signature                         Date
Section III: 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 _____ Spring _____ Summer ______

Number of credit hours enrolled this term: ________

The period of enrollment begins on ______________ and ends on _____________

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<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition/Fees</td>
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<td>Books and Supplies</td>
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<td>Personal</td>
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<td>Other (please specify)</td>
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Total Cost: ________

Host Institution

Name of Host School

Financial Aid Authorized Signature

Address

City, State and Zip

Telephone Number or Email

Home Institution

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) 413-2102  Telephone: (404) 413-2600