

# Financial Aid Consortium Agreement Form

Between Clayton State University and \_\_\_\_\_  
*Print Full Name of Host School*

## Section I – To be completed by the Student *(Please Print)*

Name: \_\_\_\_\_ Laker ID: \_\_\_\_\_

Phone: \_\_\_\_\_ CSU Email: \_\_\_\_\_

Current Permanent Address:

Consortium Period *(Select One)*

\_\_\_\_\_  
*(Street)*

Fall 20\_\_

Spring 20\_\_

Summer 20\_\_

\_\_\_\_\_  
*(City, State, Zip Code)*

Under this consortium agreement, I understand that I must:

1. Be enrolled in a degree, certificate, or other recognized credential program at Clayton State University.
2. Submit this form to the Host school for completion of Section II.
3. Return the completed form along with a copy of the transient approval letter to the Financial Aid Office.
4. Take courses at the Host School, as approved by the Registrar's Office at Clayton State.
5. Pay all tuition, fees, and other charges at the Host School according to their payment schedule.
6. Immediately notify Clayton State's Financial Aid Office of any changes in enrollment status at the Host School, including withdrawing from all courses or substitution of approved courses.
7. Maintain the Satisfactory Academic Progress Policy which is posted on the Clayton State University Office of Financial Aid website.
8. Ensure that the Host School submits an academic transcript to the Home School upon completion of the consortium agreement period.

By signing below, I understand that if I do not comply with the above requirements, I will not be in compliance with federal regulations as set forth by the United State's Department of Education. Non-compliance is considered fraud and is a federal offense.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Section II – To be completed by the Host School’s Financial Aid Office**  
\*\* Student must be enrolled to complete this section\*\*

Enrollment period:      Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Enrollment status:       Full time     3/4 Time     Half     Less than Half time

Cost of Attendance:      Total \$ \_\_\_\_\_

Tuition/Fees \_\_\_\_\_ Room/Board \_\_\_\_\_ Books/Supplies \_\_\_\_\_

Transportation \_\_\_\_\_ Misc expense \_\_\_\_\_ Other (specify) \_\_\_\_\_

List Enrolled Classes:

\_\_\_\_\_

\_\_\_\_\_

Under this consortium agreement, the Host School:

1. Will not award any financial aid
2. Will notify Clayton State’s Financial Aid Office if the student fails to enroll in the specified courses, or withdraws from the Host School (to include withdrawal date and other relevant information) at [FinancialAid@clayton.edu](mailto:FinancialAid@clayton.edu).
3. Will report enrollment to the National Student Loan Database for the hours attending at the visited school.
4. Will provide the Home School with a Host School academic transcript upon completion of the consortium period.

Financial Aid Representative’s Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Section III – To be completed by Clayton State’s Financial Aid Office**

Under this Consortium Agreement, the Financial Aid Office at Clayton State:

1. Agrees to process the student’s financial aid application and provide payment for financial aid funds, as appropriate, for the consortium period based on the Cost of Attendance provided by the Visited School.
2. Certifies that the student is making satisfactory academic progress towards the completion of their degree/certificate/recognized credential program at Clayton State.
3. Agrees to grant the degree upon successful completion of the program.
4. Will notify the Bursar’s office on enrollment changes to allow for returns of financial aid funds, when appropriate.
5. Will maintain Title IV record keeping and reporting requirements.
6. Will ensure aid is disbursed according to Clayton State’s disbursement schedule.
7. Will report enrollment to the National Student Loan Database for the hours attending at Clayton State.

Financial Aid Representative’s Signature: \_\_\_\_\_