



Financial Aid Consortium Agreement Student Instructions/ Checklist

Please follow the steps listed below to ensure the timely processing of your consortium agreement and disbursement of your financial aid funds.

DONE

TASK

_____ **Complete the FAFSA annually** between October 1st and March 15th for the upcoming school year.

_____ **Meet with a Financial Aid Counselor** in Flyer Student Services (located in St. Mary's Hall room 108). You'll want to do this **two to three months prior to the start of your semester abroad**. Begin the private loan application process if you intend to use that option.

_____ **Meet with your Dean's Office to obtain permission** to study at another college/study abroad and to verify the courses you take will transfer to your UD degree. Provide a copy of the Course Pre-Authorization form or complete Section I of the Dean's Verification form of the Consortium Agreement and request the Dean complete Section II and fax or email to our office.

_____ **Complete Sections I** on the Contractual Agreement **and** the budget page of the Consortium Agreement and fax/ email both pages to the host school/ company. Request they return by email or fax to our office (our contact information can be found on each page).

_____ **Verify your student account is current** by reaching out to Student Accounts in Flyer Student Services. If you have a balance due to the University of Dayton your aid will be held and will not be available to send to the host school for payment.

_____ **Contact your financial aid counselor three weeks prior to the start** of the semester for any unanswered questions or if you have not received a copy of the complete Consortium Agreement from our office.

Office of Financial Aid
Flyer Student Services
St. Mary's Hall 108
300 College Park, Dayton, Ohio 45469-1601
fss@udayton.edu
(937) 229-4311
FAX (937) 229-4338



University of Dayton (home school) and _____ (host institution)

Section I: To be completed by the student

Name: _____ UD Student ID Number: _____
Home Address: _____ Date of Birth: ____/____/____
City: _____ State: _____ Zip: _____ Home Phone: (____) _____
Email Address: _____ Campus/Local Phone: (____) _____
Consortium Term: _____ Fall _____ Spring _____ Summer
Host Student ID Number (if known): _____
Statement of Authorization:
I agree to:
• Submit this form to the University of Dayton and to my Host School for completion.
• Inform the University of Dayton immediately if I choose not to enroll or otherwise cancel my participation in this program.
• Allow the University of Dayton and my Host School to share information relating to my enrollment and financial aid eligibility.
• Maintain satisfactory academic progress.
I understand that:
• No funds will be sent to my Host School until this form has been completed by me, the Host School, and the University of Dayton.
• Any balance currently owed the University of Dayton must be satisfied prior to any financial aid funds being released to my Host School.
• I am responsible for any payment due to my Host School prior to the start of classes as my funds cannot, under any circumstance, be released prior to the date my classes begin.
Student Signature: _____ Date: _____

Section II: To be completed by the Host School

Host School Contact: _____ Title: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____
Please provide your 8-digit Title IV* school code: _____
Enrollment Dates: ____/____/20____ to ____/____/20____ Enrollment status: ____ full time ____ 3/4 time ____ 1/2 time ____ <1/2 time
Cost of Attendance for enrollment period stated above: Address which funds are to be sent*:
Tuition & Fees: _____ University: _____
Room/board: _____ Department: _____
Books & Supplies: _____ Address: _____
Travel Allowance: _____ City: _____ State: _____ Zip: _____
Personal Living Allowance: _____ Attention: _____
Total COA: _____ *Make payable to: _____
*If you are not a US Dept. of Education Title IV institution, you must complete the attached 'Study Abroad Contractual Agreement' (page 3) in its entirety and return to us with this form.
The Host School:
• Has accepted this student in a transient/visiting status in an academic program that meets the Title IV student financial aid eligibility requirements
• Agrees not to process or award any Federal Title IV aid for this student
• Agrees to notify the University of Dayton if the student withdraws from the program or decreases enrollment before its conclusion
• Agrees to notify the University of Dayton of student aid that the student receives from non-University of Dayton sources
Authorized Signature: _____ Date: _____



**Consortium Agreement Supplement
Contractual Agreement for Study Abroad/Consortium**

This form is required for any non-Title IV institution:

As noted in 34 CFR in Parts 668.19, 668.39 and 668.5, Student Assistance General Provisions, and Part 690, Pell Grant Program, Code of Federal Regulations, this agreement is entered into between the institutions listed below for the purpose of providing federal financial assistance to students. This agreement will apply to Title IV funds, Pell Grants, Campus Based Aid, and any other financial aid (the FSA Programs).

Section I: To be completed by the student.	
Student Name: _____	UD Student ID Number: _____
	Host Student ID Number (if known): _____

Section II: To be completed by the Host School:	
Certifications by Host School: (Please check all that apply):	
<input type="checkbox"/>	Host School certifies that it has not had its eligibility to participate in the FSA Programs terminated by the United States Department of Education (the Department).
<input type="checkbox"/>	Host School certifies that it has not voluntarily withdrawn from participation in the FSA Programs under a termination, show-cause, suspension, or similar type proceeding initiated by the institution's state licensing agency, accrediting agency, guarantor, or by the Department.

Printed Name	Title

Address	

City	State Zip
()	()
Phone	E-mail Address
	Fax

Authorized Signature	Date



University of Dayton

Consortium Agreement

Office of Financial Aid
Flyer Student Services
St. Mary's Hall 108
300 College Park, Dayton, Ohio 45469-1601
fss@udayton.edu
(937) 229-4311
FAX (937) 229-4338

Consortium Agreement Supplement
Financial Aid Award for Study Abroad/Consortium

Section III: To be completed by the Home School once Sections I & II have been completed
Approved Financial Aid for:
Student's Name: UD Student ID Number:
Enrollment Dates: Host Student ID Number (if known):
Award Name: Net Amount:
Total Aid Eligibility: \$
Funds will be released on:
Special Notes:

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.
Will make available applicable student consumer information required under Title IV.
Certifies that the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the Home School.
Will calculate returns of Title IV funds, when appropriate.
Will maintain Title IV record keeping and reporting requirements.
Agrees to consider this student enrolled in an eligible program of study at the Home School.
Determines eligibility for financial aid based on the cost of attendance at the Host School.
Will maintain all records in accordance with federal regulations.
UD Official: Title:
Phone number: Email Address:
Authorized Signature: Date:



Consortium Agreement Supplement
Dean's Verification for Study Abroad/Consortium

The University of Dayton Office Of Financial Aid must have verification from your Dean that the courses you take while attending the Host Institution/Study Abroad* will be accepted and applied towards your degree. Dean's approval may be emailed by the Dean's Office to the Office of Financial Aid at fss@udayton.edu or you can submit this completed form with your Consortium Agreement.

*For Study Abroad students: This form can be used in lieu of electronic notification when the Dean is unable to register you for the study abroad program at the time you are completing the consortium paperwork.

Section I: To be completed by the student.
Name: UD ID Number:
Home Address: Date of Birth:
City: State: Zip: Home Phone:
Email Address: Campus/Local Phone:
Host Institution: Consortium Term: Fall Spring Summer

Section II: To be completed by the student's Dean's Office:
1. Please list below all courses the student identified above plans to complete at the host institution:
Course Name: Credit Hours:
2. Please sign below verifying that the courses the student plans to complete at the host institution will be accepted as part of their degree program at the University of Dayton.
Authorized Signature Date
Print Name Title