



Please follow the steps listed to ensure the timely processing of the consortium agreement and the timely disbursement of your financial aid funds. Students currently enrolled at the University of Dayton do NOT need to complete this form.

**Steps to follow:**

1. Visit [FAFSA.gov](http://FAFSA.gov) to send your 2015-2016 FAFSA results to the University of Dayton (school code: 003127).
2. Complete 'Section I' of the consortium agreement.
3. Mail or fax the agreement to the University of Dayton and have them complete 'Section II' (returning it either to you or to the Office of Financial Aid at your Home institution).

Mailing Address:

Flyers First  
St. Mary's Hall, Room 411  
University of Dayton  
300 College Park  
Dayton, OH 45469-1668  
Phone: 937-229-4141  
Fax: 937-229-4338



~ Between ~

(Home School)

and

University of Dayton

(Host School)

**Section I: To be completed by the student**

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Campus/Local Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Consortium Term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

**Statement of Authorization:**

I agree to:

- Submit this form to the University of Dayton and to my Home School for completion.
- Inform the University of Dayton and my Home School immediately if I choose not to enroll or otherwise cancel my participation in this program.
- Allow the University of Dayton and my Home 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 the University of Dayton until this form has been completed by me, the University of Dayton, and my Home School.
- Any balance currently owed to my Home School must be satisfied prior to any financial aid funds being released to the University of Dayton.
- I am responsible for any payment due to the University of Dayton 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 University of Dayton**

**University of Dayton Contact:** Office of Financial Aid

**Phone:** (937) 229 – 4311    **Fax:** (937) 229 – 4338    **Email:** finaidd@udayton.edu

**Enrollment Dates:** 01/09/2015 to 04/20/2015

**Enrollment status:** \_\_\_ <1/2 time \_\_\_ 1/2 time \_\_\_ 3/4 time X full time

**Cost of Attendance for enrollment period stated above:**

**Address which funds are to be sent\*:**

**Tuition & Fees:** \$18,615  
**Room/board:** \$5,920  
**Books & Supplies:** \$500  
**Travel Allowance:** \$3,000  
**Personal Living Allowance:** \$1,000  
**Total COA:** \$29,035

**University:** University of Dayton  
**Department:** Office of Student Accounts  
**Address:** 300 College Park  
**City:** Dayton    **State:** Ohio    **Zip:** 45469-1600  
**Attention:** Student Cashier  
**\*Make payable to:** University of Dayton

The University of Dayton:

- 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 Home School if the student withdraws from the program or decreases enrollment before its conclusion.
- Agrees to notify the Home School of student aid that the student receives from non-University of Dayton sources.

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Section III: To be completed by the Home School once Sections I & II have been completed**

**Approved Financial Aid for:**

**Student's Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**Enrollment Dates:** \_\_\_\_/\_\_\_\_/2015 to \_\_\_\_/\_\_\_\_/2015

Award Name:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Aid Eligibility: \$</b>	_____

- 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.

Home School Official: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_