

What is a Consortium Agreement?

A consortium agreement is a binding agreement between eligible institutions which enables you to receive aid from Charter Oak State College (home institution) while visiting another institution (host institution). There are three sections to this form and all parts must be completed before we can process your request. Please use the below checklist to ensure your eligibility for this agreement.

Student Checklist:

- Complete Section I of the Agreement Form.
- Contact your Academic Advisor/Advising Office to have Section II completed.

Please make sure you meet the following policies:

- Matriculated student at Charter Oak State College (i.e., enrolled in a degree program).
 - Responsible for paying the HOST institution for your charges. Financial aid refunds if applicable are paid to the students once aid is disbursed
 - Complete the consortium agreement form by the midpoint of COSC semester
 - Submit this completed form along with a copy of your class registration information for courses at the Host Institution (this is the institution where you have enrolled in a course or courses) to COSC's Office of Financial Aid.
 - Request a final official transcript for course(s) taken at the host institution to be forwarded to COSC's Registrar's Office within 21 days of the completion of the course(s).
 - Failure to submit official transcripts within the timeframe will result in the reduction/loss of aid. No further consortium agreements will be processed.
 - No further consortium agreements will be processed if a Return of Title IV (R2T4) is processed due to failing or withdrawing from consortium course(s).
 - Not accept financial aid from the host institution and report all outside financial aid resources received (e.g., employer tuition reimbursement or outside scholarships) to COSC's Office of Financial Aid.
 - Immediately notify COSC's Office of Financial Aid of changes in enrollment status at the host institution (i.e. withdrawal, drop, fail).
- Contact your Host Institution's Financial Aid Office to make arrangements to have Section III completed.
 - Return the completed form to the Office of Financial Aid at Charter Oak State College.

Consortium Agreement Between:

Charter Oak State College
(Home School)

and

_____ (Host School)

Section I: To be completed by the student.

Name: _____ Social Security Number: xxx-xx-_____ COSC ID Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____

Period of Attendance: Fall 2011 _____ Spring 2012 _____ Summer 2012 _____

Note: Students must apply for one semester per consortium form. Multiple terms will not be considered.

Statement of Authorization:

I agree to:

- ❖ I am responsible for all charges incurred at COSC, as well as at the Host Institution.
- ❖ I understand that the Office of Financial Aid is the official authority on the approval of this consortium agreement. Therefore, I will allow sufficient time for Charter Oak's Financial Aid Office to process my paperwork prior to the beginning of classes.
- ❖ I am responsible for paying the HOST institution for all charges at the time of registration and financial aid refunds if applicable from Charter Oak State College will be paid to me once aid is disbursed.
- ❖ I will comply with Charter Oak State College's policies regarding refunds, Satisfactory Academic Progress, and all eligibility requirements.
- ❖ I will provide an official academic transcript within 21 days of the completion of the course(s). Failure to submit an official academic transcript will result in a reduction/loss of aid.
- ❖ I will allow COSC and my host institution to share information relating to my enrollment, grades, financial aid and any academically related issued with the Host institution.

Student Signature: _____ Date: _____

Section II: To be completed by the student's Academic Advisor or Advising Center.

Please list below all courses that student plans to take at the host institution during the consortium term. (Please list additional coursework on a separate sheet.)

Course: _____ Credits: _____ Course: _____ Credits: _____

Course: _____ Credits: _____ Course: _____ Credits: _____

Please sign below verifying that the courses the student plans to complete during the consortium term will be accepted as part of the student's degree program at Charter Oak State College and that the student is a degree-seeking student at COSC.

Advisor/Academic Advising Office Signature: _____ Date: _____

Printed Name: _____

Section III: To be completed by the Host School's Financial Aid Office.

Name: _____ Social Security Number: xxx-xx-_____ COSC ID Number: _____

Enrollment Dates at Host School

Start of Course(s) _____ End of Course(s) _____

Please list below all courses the student has registered for at your institution during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.)

<i>Courses</i>	<i>Credits</i>

Total Credit Hours: _____

Cost of Attendance:	<i>Item</i>	<i>Cost</i>
	Tuition:	
	Fees:	
	Total	

By signing below, I agree that the information provided above is true to the best of my knowledge. I also agree to notify the Office of Financial Aid at Charter Oak State College if the student withdraws from any classes taken under this agreement, or I will request that our Registrar's Office submit notification to Charter Oak regarding this student's enrollment status as well as grades.

Host Institution Financial Aid Officer's Signature

Please Print or Type Name

Job Title

Financial Aid Office's Phone & Fax Number

Financial Aid Officer's Email Address

Host Institution's Address

City/Town

State

Zip Code

Comment:

To be completed by the Office of Financial Aid at COSC ONLY

Approved

Denied

Date