



Office of Financial Aid

Consortium Agreement

Between

John Carroll University

and

Host Institution name: _____ Host Institution Federal ID#: _____

John Carroll University and the school named above are herein entering into a consortium agreement for:

Student Name _____	SSN: _____
Address _____	Phone: _____
_____	E-mail: _____

***This agreement is for the following term: __ fall __ spring __ summer of the _____ academic year.
The student expects to register for _____ semester credit hours.***

- During the period of this agreement, for federal financial aid purposes, the student will be considered enrolled at John Carroll University and a visiting student at the host institution (HOST). JCU will process and disburse all applicable federal, state and institutional financial aid. HOST will not award federal or state financial aid. If HOST awards any scholarships of its own to the student, HOST will promptly inform JCU to assure that funds are not awarded in excess of the student's financial cost of education.
- JCU agrees that credit hours earned by student while attending HOST will be accepted towards student's JCU degree, providing the student earns passing grades (C or above) and the courses are applicable to the student's specific JCU degree program. **PLEASE NOTE:** JCU has additional consortial agreements with particular programs that allow ALL grades and ALL credits to be accepted on the JCU transcript.
- HOST will forward to JCU upon completion of courses an official transcript of the student's grades. Transcripts are to be mailed to *Office of the Registrar, John Carroll University, 1 John Carroll Blvd., University Heights, OH 44118.*
- Upon request, HOST will inform JCU of student's enrollment status and HOST will promptly inform JCU if student withdraws or reduces the number of credit hours attempted. Such notices will be in writing and will include pertinent dates.
- HOST agrees that any refund/repayments resulting from the student's withdrawal from host program will be determined according to JCU's refund and repayment policy and the Return to Title IV calculation.
- HOST will provide JCU with a detailed list of anticipated costs for the program of study. (See second page of this agreement)
- All aid will be disbursed to the student who will be responsible for paying the HOST institution unless the student authorizes below to release funds directly to the HOST.

I, _____ authorize JCU to release my financial aid funds directly to the HOST institution. I allow the Office of Financial Aid to over-ride any previous authorizations I have made regarding my Title IV funds so that my aid can be released to the HOST institution.

JCU Advisor's Verification

***** A signed student transient petition form that lists the approved classes must be attached prior to the processing and release of aid.*****

TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR AT THE HOST INSTITUTION

Term type: ___ Year ___ Semester ___ Quarter ___ Clock Hour

Is the student currently enrolled at your institution? YES NO If yes, please indicate how many hours ____

Begin date of the term _____ End date of the term _____

Budget for Student:

Tuition \$_____ based on _____ hours

Room \$_____

Board \$_____

Books & Supplies \$_____

Personal Expenses \$_____

Transportation \$_____

Living Expenses \$_____

Additional Fees \$_____

TOTAL COST OF EDUCATION \$_____

Your signature below indicates that you agree to allow John Carroll University to award the student for enrollment at both institutions and that you will inform John Carroll University of any change in the student's enrollment status.

Financial Aid Administrator's Signature Date

Name and Title (please print) Phone

Institution Email

Address

Please forward to: John Carroll University Office of Financial Aid
1 John Carroll Blvd.
University Heights, OH 44118
FAX 216.397.3098
PHONE 216.397.4248