



**Spring 2019**  
**Wright State University**  
**Financial Aid Consortium**

**Office of Financial Aid**  
130 Student Union  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
Phone: (937) 775-4000  
E-mail: raiderconnect@wright.edu  
FAX: (937) 775-4410

A **financial aid consortium agreement** is a contract between you, **Wright State University** (the school from which you plan to graduate) and a **visiting school** (the school you'd like to "visit" and transfer credits back to your home school for degree/certificate completion). It allows Wright State to award and disburse your financial aid for a specific enrollment period (such as a term, like Fall or Spring) to help pay for costs you may incur because you are enrolled at a visiting school.

This **Financial Aid Consortium** differs from the SOCHE **Consortium/Cross-Registration**. For more information go to <http://www.wright.edu/raider-connect/loans-scholarships-and-grants/consortium-agreements>.

### **Consortium Agreement Instructions/Checklist**

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

#### Task

- Complete Section I of this form, including the Student Acknowledgement and signature.
- Schedule an appointment with your Wright State Academic Advisor to complete Section II of this form. *You are encouraged to make this appointment at least five to six weeks prior to the start of the term.*

Your Academic Advisor will certify the following:

- The course(s) at the visiting school are not offered at Wright State University during the same semester as your Consortium Agreement.
  - Upon successful completion of the course(s) at the visiting school, the courses will transfer and apply towards your degree at Wright State University.
  - You are a degree seeking student at Wright State University.
  - You are authorized to register at the visiting school for the course(s) listed in Section II.
- Register for at least nine (9) credit hours at Wright State University.**
- Register for advisor-approved courses at the visiting school.
- Submit this Financial Aid Consortium Agreement to Raider Connect no later than **January 18, 2019**



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- Between -

<b>Wright State University</b> (home school)
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and

_____ (visiting school)
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**Important Notes**

- The deadline to submit this Consortium form is **January 18, 2019**
- Please allow up to 15 business days to process this form.
- This **Financial Aid Consortium** differs from the **SOCHE Consortium/Cross-Registration**. For more information go to <http://www.wright.edu/raider-connect/loans-scholarships-and-grants/consortium-agreements>.

**Section I – Student Information:**

<b>Last Name</b>	<b>First Name, M.I.</b>	<b>University ID (UID)</b>										
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<b>Best Daytime Phone Number (Cell, Home, Work)</b>		<b>Visiting School ID</b>										
(    )    -    _____												

**Dual Enrollment Registration for Spring 2019** (January 14, 2019 to May 04, 2019):

Enter credit hours enrolled at Wright State University (WSU). *(Must be enrolled at least 9 hours at WSU)*

Enter credit hours enrolled at the Visiting School.

**Student Acknowledgement:** I agree to accept the following responsibilities/conditions  
**Check each box after reading:**

I understand that I am responsible to pay my tuition and fees at the Visiting School by their fee payment deadline date.

I understand completion of this consortium agreement does not guarantee the receipt of additional financial aid resources for the term or that my financial aid will cover my full balance at WSU or the Visiting School.

I will recognize WSU as the home school. WSU will award financial aid and apply financial aid first towards tuition, fees, and other charges at WSU. Any remaining balance will be refunded by the Bursar.

I understand that if awarded the Ohio College Opportunity Grant (OCOG), WSU Need-Based Grant, and/or a WSU scholarship, my award could be reduced or eliminated.

I understand that I must be enrolled in at least nine credit hours at WSU for this consortium agreement to be processed.

I understand I will not be eligible for financial aid for any courses not approved by my WSU academic advisor.

I will allow WSU and Visiting School to share information regarding admissions, registration, billing, academics, financial aid, and any information shared on this form when necessary to complete the consortium agreement and maintain compliance with Title IV regulations.

I understand that this consortium agreement will not be processed if I have a past due balance at WSU.

I understand that I must currently meet Satisfactory Academic Progress (SAP) requirements at both WSU and the Visiting School.

I understand that WSU limits each student to two financial aid consortium agreements with WSU as the home school. Any additional requests for a financial aid consortium agreement with WSU as the home school will not be accepted.

I will request an official transcript be sent from the Visiting School to Undergraduate Admissions.

I will notify Raider Connect of changes to the approved courses in Section II of this agreement, including: (1) not enrolling in the course(s), (2) substituting a different course, or (3) dropping or withdrawing from a course(s).

I have read all of the above conditions and understand that no exemptions may be made.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section II – Wright State Academic Advisor’s Approval:**

**Instructions:**

- Ask your **Wright State academic advisor to complete the information below.**
- **Do not** take this form to the Visiting School for completion.

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The advisor, not the student, should complete the section below

**Wright State University Academic Advisor Approval**

**Please list and verify the courses the student has approval to take at the Visiting School.**

DEPARTMENT/COURSE # at Visiting School	Write in Course Title as Scheduled at the Visiting School	CREDIT HOURS	ADVISOR’S INITIALS

**Wright State University Academic Advisor’s Certification:**

By signing below I verify:

- This student is degree seeking at Wright State University.
- The student is authorized to register at the Visiting School for the course(s) listed above.
- The course(s) listed above are not offered at Wright State University during Spring semester.
- Upon successful completion of the course(s) listed above, the courses will transfer and apply towards the student’s degree, including any course meeting an elective requirement, at Wright State University.

Academic Advisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Academic Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**Once Section I and II of this form have been completed and the student is registered at WSU and the visiting school, return this form to Wright State University’s Raider Connect by fax (937) 775-4410, mail or in person.**

**For Office Use Only**

<input type="checkbox"/> CAHS Received	<input type="checkbox"/> Sent to visiting School	<input type="checkbox"/> Received from visiting School	<input type="checkbox"/> Complete
<input type="checkbox"/> FA Staff/Date _____	<input type="checkbox"/> FA Staff/Date _____	<input type="checkbox"/> FA/Staff/Date _____	<input type="checkbox"/> FA Staff/Date _____