



Financial Aid Consortium Wright State University Summer 2021

Raider Connect
130 Student Union
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What is a Financial Aid Consortium Agreement? A financial aid consortium agreement is a contract between you, your “home” school, and your “visiting” school. The “home” school (Wright State University) is the school where you plan to graduate. The “visiting” school is a school where you can complete approved courses and then transfer the earned credits to Wright State to complete your degree or certificate. A financial aid consortium agreement allows Wright State to offer and disburse your financial aid based on enrollment at both schools for a specific enrollment period (such as Summer, Fall, or Spring term) to help pay costs you may incur because you are enrolled at a visiting school.

Please Note: If you are already enrolled full time (12 credit hours) at Wright State University, you do not need to complete a Financial Aid Consortium agreement. Also, if you are only eligible for loans and you are enrolled at least half time at Wright State University, you do not need to complete a Financial Aid Consortium agreement.

Important Information

- Submit this form once you are registered at both Wright State and your “visiting” school.
- Financial Aid Consortium Agreement Forms must be submitted no later than May 14, 2021.
- Please allow up to 15 business days to process this form.
- This financial aid consortium is different than the SOCHE Consortium/Cross-Registration program. More information: <http://www.wright.edu/raider-connect/loans-scholarships-and-grants/consortium-agreements>

Consortium Agreement Instructions

Follow these steps to help ensure timely processing of your consortium agreement and the disbursement of your financial aid.

- ✓ Schedule an appointment with your Wright State Academic Advisor to complete Section II of this form. *(Students are encouraged to schedule this appointment at least six weeks prior to the start of the term.)*

The academic advisor will certify the following:

- 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.
 - The course(s) taken at the visiting school are not offered at Wright State during the same semester as the consortium agreement.
 - Upon successful completion of the course(s) at the visiting school, the course(s) will transfer and apply toward your degree at Wright State.
- ✓ Complete Section I and II of this form, including Student Acknowledgement and signature.
 - ✓ Register for advisor-approved courses at the visiting school and less than 12 credit hours at WSU.
 - ✓ Submit this Financial Aid Consortium Agreement **no later than May 14, 2021.**



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| Section I -- Student Information | | |
|----------------------------------|-------------------------------|-------------------------|
| | | U |
| Last Name | First Name M.I | WSU University ID (UID) |
| Student Phone Number | "Visiting" School Student ID: | |



| | | |
|---|-----|--|
| <u>Wright State University</u> (the "home" school) | and | <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> (the "visiting" school) |
|---|-----|--|

| | |
|--|---|
| Dual Enrollment Registration for Summer 2021 (May 10, 2021 - July 29, 2021) | |
| Enter the number of credit hours enrolled at Wright State University | <input style="width: 80px; height: 25px;" type="text"/> |
| Enter the number of credit hours enrolled at the Visiting School* | <input style="width: 80px; height: 25px;" type="text"/> |
| *Credit hours taken at the "visiting" school must be approved by a WSU Academic Advisor | |

Student Acknowledgement: I agree to accept the following responsibilities and conditions. (Read and initial by each.)

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

I understand that completing this consortium agreement does not guarantee I will receive additional financial aid resources for the term or that my financial aid will be sufficient to cover my full balance at WSU or the "visiting" school.

I recognize WSU as my "home" school. WSU will offer financial aid and apply financial aid first toward tuition, fees, and other charges at WSU. Any remaining balance will be refunded to me by the Bursar.

I understand that if awarded the Ohio College Opportunity Grant (OCOG), the WSU Need-Based Grant, and/or a WSU scholarship, the award(s) could be reduced or eliminated based on my registration at Wright State University.

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

I allow WSU and the "visiting" school to share information regarding admission, registration, billing, academics, financial aid, and any information shared on this form to complete the consortium agreement and maintain federal compliance.

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 WSU.

I will request that my "visiting" school send an official transcript to WSU Undergraduate Admissions after completing the course(s) at my "visiting" school.

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

I have read, understand, and agree to the above conditions

Student's Signature: _____ **Date:** _____

Section II – Courses

List the approved course(s) that you will take at the Visiting School.

| Department/Course # at the Visiting School | Write in the Course Title as Scheduled at the Visiting School | Credit Hours | Advisor's Initials |
|---|--|--------------|-----------------------|
| | | | |
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| | | | |

Section III – Wright State Academic Advisor's Approval

This section must be completed by a WSU Academic Advisor

Do not take this form to the Visiting School for completion.

Wright State University Academic Advisor's Certification:

Please check the box that best describes your recommendation for the financial aid consortium

- I am not the student's academic advisor and cannot support this financial aid consortium.
- I am the student's academic advisor, but the class(es) they wish to take at the visiting school do not align with the requirements of the financial aid consortium and I do not support this financial aid consortium.
- I am the student's academic advisor and I agree this student is degree-seeking at Wright State University, the course(s) listed above are not offered/available at Wright State University during the Summer semester, and upon successful completion of the course(s) listed above, they will transfer and apply towards the student's degree. I support this financial aid consortium.

Academic Advisor's Signature: _____ Date: _____

Name: _____ Title: _____

Academic Department: _____ Phone: _____

The Office of Financial Aid will process this form once the student is registered at both Wright State University and the visiting school.

- Financial Aid Consortium Agreement Forms must be submitted no later than May 14, 2021.
- Please allow up to 15 business days to process this form.

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 _____ |