



# Consortium Agreement Instructions

OFFICE OF FINANCIAL AID

## Purpose of this Form

Use this form if you are seeking a degree or certificate from Owens Community College and are enrolled in courses at another institution which will transfer to your program at Owens. This consortium agreement allows Owens to disburse financial aid based on your combined enrollment at both institutions.

**This consortium agreement is only valid for the semester you indicate.** You must submit a new form for each semester you are requesting a consortium agreement.

## Eligibility Requirements

To be eligible for a consortium agreement, you must have completed at least twelve credits of courses at Owens with a passing grade other than PNP and have a cumulative GPA of 2.0 or better. The courses taken at the visited school **MUST** transfer towards your program of study at Owens; otherwise a consortium agreement will not be processed.

If the visited school refuses to process this consortium agreement, there is no appeal process. Your financial aid awards will then be based only on your credit hours of enrollment at Owens.

## Owens Responsibilities

Owens Community College will determine your eligibility for financial aid, disburse aid, monitor your satisfactory academic progress, maintain records regarding your financial aid, and report information regarding your enrollment and financial aid as required.

## Payments

Owens will disburse financial aid for which you are eligible. After all Owens charges are paid, Owens will provide a refund to you for any excess aid.

**It is your responsibility to use any refund(s) to pay your charges at the visited school. We strongly encourage you to contact your visited school regarding their payment deadlines.**

## Conditions of this agreement

You are not permitted to obtain federal or state financial aid from more than one institution at a time. By completing this consortium agreement, the visited school agrees not to process any federal or state financial aid for the semester covered under this agreement. If this agreement is violated, your federal or state financial aid awards may be removed from your account by one or both institutions. It is your responsibility to make sure the visited school is aware that you are an Owens Community College student and that you are receiving all of your financial aid from Owens.

## Enrollment

**You MUST notify both institutions if you drop or withdraw from any or all of your courses.** If you adjust your enrollment from the original schedule provided with this agreement, your financial aid may be adjusted, which could cause you to owe a balance at one or both institutions.

## Checklist for completing Owens consortium agreement

Completed	Required Task
<input type="checkbox"/>	1. Complete <b>Part I</b> (Student Information)
<input type="checkbox"/>	2. Attach a copy of your registration at the visited institution
<input type="checkbox"/>	3. Submit the form to your visited institution's financial aid office for completion of <b>Part II</b> (Visited School Information)
<input type="checkbox"/>	4. Return the completed form and a copy of your registration. Please see the instructions in the <b>How to submit forms and documents for financial aid</b> at the end of this form.
<input type="checkbox"/>	5. If you have not already done so, complete the Free Application for Federal Student Aid (FAFSA®) online at <a href="https://fafsa.gov">fafsa.gov</a> with the Owens school code ( <b>005753</b> )
<input type="checkbox"/>	6. Respond promptly to any additional requests for information listed on your Owens Workday account.



**Part I: Student Information (To Be Completed By Student)**

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

OCID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Visited School: \_\_\_\_\_

Term of consortium agreement: Year \_\_\_\_\_  Summer  Fall  Spring

**Student Certification and Signature**

Please read and check the box next to each statement. By signing below, you are certifying that you have read and understand the statements below, as well as the information provided on the consortium agreement instructions.

- I am asking Owens Community College to include my enrolled hours at the visited school for my federal and state financial aid. **I understand that I may only apply for financial aid at one institution at a time.**
- I am enrolled in a degree seeking program or certificate at Owens Community College and I agree to only enroll in courses that will transfer or are applicable to my degree/certificate.
- I understand that all of my financial aid will be obtained and processed at Owens Community College.
- I understand that all courses taken at the visited school will be counted in determining my Satisfactory Academic Progress.
- I understand that my financial aid will disburse to my Owens account after all of my requirements have been completed. All aid will first be used to pay my tuition, fees, and other charges at Owens. Any excess financial aid will be refunded to me. For more information about refund options, please visit <https://www.owens.edu/student-accounts/deferred/#refund>.
- I understand that it is my responsibility to pay the visited institution for my balance owed. I understand that it is my responsibility to be aware of any payment deadlines at the visited institution.**
- I agree to notify the Student Service Center at Owens Community College in writing immediately of any changes in my enrollment at either institution.
- I understand that it is my responsibility to submit an official academic transcript to the Owens Community College Records Office within 30 days after the courses at the visited institution are completed.
- My eligibility to participate in future consortium agreements may be revoked if I do not successfully complete coursework, or if I fail to comply with the terms of this agreement or with the policies and procedures of the College or the Office of Financial Aid.

I hereby give Owens Community College and the visited institution permission to share appropriate information concerning enrollment, academic status, fees, grades, attendance, financial aid, and any other information necessary to execute this agreement.

Student Signature: \_\_\_\_\_

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

**Part II: Visited School Information (To be completed by the Visited School's Financial Aid Office)**

**Visited School's Responsibilities:**

Under this consortium agreement, the visited school will:

- Certify that the school is a Title IV eligible school.
- Notify Owens if the student fails to enroll in, withdraws from, or stops attending the visited school. This includes providing the withdrawal date or last date of attendance and other relevant information including tuition refund amounts.
- Provide Owens with final grade information upon completion of the consortium period.
- Not disburse Title IV and state aid.

**Owens Community College's Responsibilities:**

Under this consortium agreement, Owens Community College will:

- Determine the student's eligibility for Title IV and state financial aid funds according to institutional and regulatory guidelines, taking into consideration the cost of attendance and enrollment status based on the combined costs and enrollment at Owens and the visited institution.
- Disburse all financial aid funds for which the student is eligible, process any refunds to the student, and make any repayments to the grant programs or the student's lender in the event of the student's withdrawal from classes.
- Monitor Satisfactory Academic Progress for the student.
- Maintain all financial aid records for the student.
- Process in-school deferments. Students may contact the Student Service Center at Owens for additional details.
- Grant the student their degree or certificate upon completion of all course requirements.

Name of visited institution: \_\_\_\_\_

Enrollment period dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Student is registered for: \_\_\_\_\_ credit hours \*Please attach a copy of the class registration

Institution operates on:  Quarters  Semesters

Tuition and fees: \$ \_\_\_\_\_

Room and Board (if charged): \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

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

Please fax the completed agreement to (567) 661-7808.