

If you are a degree-seeking student at Kennesaw State University (home institution) and plan on taking courses at another institution (host institution), you must complete a Consortium Agreement to receive your financial aid. This allows your eligibility for financial aid to be based on the total credit hours attempted at both institutions for the term. A new Consortium Agreement must be completed each term.

All documents must be completed and submitted PRIOR to the beginning of your program for completion of this agreement. Failure to complete this Consortium Agreement will prevent the release of financial aid funds and the accurate reporting of your enrollment by the Office of the Registrar. **If you are seeking HOPE ONLY, the Consortium Agreement is not necessary. You will need to complete the HOPE Transient Request Form.**

FOR REFERENCE ONLY — CHECKLIST FOR COMPLETING THE CONSORTIUM AGREEMENT	
	<p>Financial Aid Acknowledgement for Consortium Agreement To be completed and signed by student</p>
	<p>Course Credit Approval Request Form Section I to be completed by student Section II to be completed by your KSU Academic Advisor and KSU Registrar</p>
	<p>Consortium Agreement Section I to be completed by student Submit form to host institution for completion of Section II</p>
	<p>Submit Completed Documents to the Office of Scholarships and Financial Aid</p> <p>Mail Kennesaw State University Office of Scholarship and Financial Aid 585 Cobb Avenue NW, MD 0119 Kennesaw, GA 30144</p> <p>Email KFA_consortium@kennesaw.edu</p>

Disbursement of Financial Aid

Financial aid will only be disbursed after the evaluation of credit hours is accurately determined. You are responsible for arranging for payment at the host institution, including tuition, fees, and books, until funds can be disbursed to you. You must follow regular payment procedures at both institutions to ensure that your fees and bills are paid by the deadlines.

Student Requirements

You must immediately notify the Office of Scholarships and Financial Aid at KSU of any changes in your enrollment status at the host institution. In the event of non-attendance or withdrawal from any or all classes, you will be responsible for the repayment of financial aid received according to applicable federal, state, and institutional regulations.

- All consortium credit hours submitted for consideration must be accepted and satisfy degree requirements at KSU.
- Credit hours earned at the host institution must be transferred to KSU. An official transcript must be sent to the Office of Admissions at KSU. Financial aid for subsequent periods of enrollment will not be released until the official transcript has been received and reviewed.

Satisfactory Academic Progress (SAP)

Credit hours taken at both institutions will be used to determine your Satisfactory Academic Progress (SAP) as a financial aid recipient. Please review the SAP policy on our website: kennesaw.edu/financial-aid/policies/sap.php

Please make a copy of all documents for your records.

Completed form can be mailed to:
Office of Scholarships and Financial Aid
585 Cobb Avenue NW, MD 0119, Kennesaw, GA 30144
or email to: KFA_consortium@kennesaw.edu
Phone: 470-578-4636

FINANCIAL AID ACKNOWLEDGEMENT FOR CONSORTIUM AGREEMENT

A Consortium Agreement enables you to receive financial aid while concurrently enrolled for courses at Kennesaw State University (home institution) and another institution (host institution). This allows your eligibility for financial aid to be based on the total credit hours attempted at both institutions for the term. If you are seeking HOPE only, the Consortium Agreement is not necessary. You **will** need to complete the HOPE Transient Request Form.

If you will be taking courses at another institution, you must fill out this form to receive your financial aid. Pending receipt of this form by the Office of Scholarships and Financial Aid, a hold will be placed on your financial aid account, and no financial aid will be disbursed. This form must be completed and signed before it is submitted to the KSU Office of Scholarships and Financial Aid.

Student Name: _____ KSU ID#: _____

Name of Institution you will be attending: _____

Consortium Semester: Fall Spring Summer Academic Year: _____

AFFIRMATION OF FINANCIAL AID USE (INITIAL BY EACH ITEM — YOUR FORM IS NOT VALID WITHOUT THIS)

_____ I allow Kennesaw State University and the host school to share information related to my enrollment.
initial

_____ I understand that I must pay all charges to the host institution by their payment deadline date, even if my financial aid has not yet
initial been disbursed by Kennesaw State University.

_____ I understand that any existing balance at the host institution must be resolved in sufficient time to allow the receipt of my transcript
initial by KSU.

_____ I understand that KSU must receive my transcript from the host institution before my aid disburses in any subsequent terms.
initial

_____ I understand that my failure to do this (within one (1) month from the first day of classes in the subsequent term) will result in losing all
initial federal, state, or KSU institutional financial assistance.

_____ I understand that per federal regulations & KSU financial aid policy, the earliest my financial aid funds will disburse is 10 days before
initial the first day of classes for that semester but not sooner than the KSU published disbursement date.

_____ I understand any coursework taken at the host institution not previously approved on the Course Credit Approval Request form may
initial result in the reduction or cancellation of my financial aid.

_____ I understand any changes made after add/drop may impact my financial aid and cause my financial aid to be reduced or canceled. I
initial understand that if my financial aid is reduced or canceled, I will be responsible for repayment.

Student Signature: _____

Date: _____

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585 Cobb Avenue NW, MD 0119, Kennesaw, GA 30144
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Phone: 470-578-4636

COURSE CREDIT APPROVAL REQUEST

SECTION I — TO BE COMPLETED BY THE STUDENT

Student Name: _____ KSU ID#: _____

Email Address: _____@students.kennesaw.edu Phone #: _____

Consortium Semester: Fall Spring Summer Academic Year: _____

Enrollment Dates Begin: ____/____/____ End: ____/____/____ Host Institution: _____

Major: _____

- I may be required to repay funds from certain financial assistance programs if I drop or withdraw from my courses or if my classes are canceled.
- I understand that if I register for courses I have not been approved for or fail to complete this application properly, my financial aid will be denied or removed from my account.
- I understand that a financial aid hold will be placed on my student account, and I will not receive any financial aid until the official transcript from the host institution has been received and processed (policy located on the Financial Aid website).

I have read and clearly understand my rights and responsibilities as stated above.

Student Signature: _____ Date: _____

SECTION II — TO BE COMPLETED BY THE ACADEMIC ADVISOR & KSU REGISTRAR

The student listed ABOVE intends to enroll in the following courses at _____ (host institution). Please note: Final approval regarding the transfer of coursework is at the discretion of the Office of the Registrar. (Please attach additional courses on a separate sheet, if necessary.)

Course: _____	Hours: _____	KSU Equivalent: _____
Course: _____	Hours: _____	KSU Equivalent: _____
Course: _____	Hours: _____	KSU Equivalent: _____
Course: _____	Hours: _____	KSU Equivalent: _____
Course: _____	Hours: _____	KSU Equivalent: _____

I have reviewed the degree program, and the above courses should be accepted for transfer and may count toward the student's degree requirements at KSU (major or required electives).

Academic Advisor Signature _____
Date

Printed Name _____ _____
Department Phone #

Registrar Comments

Registrar Signature _____
Date

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CONSORTIUM AGREEMENT

SECTION I — TO BE COMPLETED BY THE STUDENT

Student Name: _____ KSU ID#: _____

Email Address: _____@students.kennesaw.edu Phone #: _____

Consortium Semester: Fall Spring Summer Academic Year: _____

Do you plan to register at KSU during the consortium semester? (Select one) Yes No

If yes, how many hours do you plan to take at KSU? _____

Name of Host Institution: _____ Contact Person: _____

All information provided on the Consortium Agreement is correct to the best of my knowledge.

Student Signature: _____ Date: _____

SECTION II — TO BE COMPLETED BY THE ACADEMIC ADVISOR & KSU REGISTRAR

Program Cost of Attendance

Tuition and Fees: \$ _____

Room and Board: \$ _____

Books and Supplies: \$ _____

Transportation: \$ _____

Miscellaneous: \$ _____

Total: \$ _____

First day of class(es): ____/____/____

Last day to drop/add class(es): ____/____/____

Enrollment Status: Semester Hours Quarter Hours

Total number of hours enrolled: _____

Course: _____ Hours: _____

Course: _____ Hours: _____

Course: _____ Hours: _____

Course: _____ Hours: _____

Course: _____ Hours: _____

As a representative of the host institution, you agree to:

- Confirm the student is in a transient/visiting status at your school and taking courses that meet the Title IV and state financial aid requirements.
- Not award any federal, state (excluding HOPE), institutional, or private aid during the time the student is enrolled at your school.
- **Notify KSU if the student fails to register, reduces the number of credit hours, or withdraws from classes.**

Host Institution Representative Signature: _____ Date: _____

Print Name: _____ Email Address: _____

Phone #: _____ Fax #: _____

Completed form can be mailed to:
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