## **Stark State College Gateway Student Services**

6200 Frank Ave NW, North Canton, OH 44720 (330) 494-6170 | Fax-(330) 966-6598 www.starkstate.edu | studentservices@starkstate.edu



## CONSORTIUM AGREEMENT 2024-2025

Between
Stark State College (Home School)
and

ar	nd	,	
Name of H	lost School		
Stark State College and the school named above are herein $\epsilon$	entering int	o a Consortium	Agreement regarding:
STUDENT NAME	S:	SC STUDENT ID	)#
Major at Stark State:		OST SCHOOL IE	) #
Semester for which you are completing this form: $\ \square$ Summ	er year	☐ Fallyear	_ Spring year
Note: You must complete this form each semester you wish to receive financial aid under a consortium agreement.			
SECTION I – STUDENT CRITERIA - TO BE COMPLETED BY THE STUDENT			
<ol> <li>The student must:</li> <li>Take only courses at the Host School which are transferable to</li> <li>Be enrolled in a degree-granting program at Stark State Colleg Stark State's Standards of Academic Progress Policy.</li> <li>Submit this completed form along with a copy of their registra Services, Room M102 before the start of the term at Stark Sta</li> <li>Submit grade transcripts from their Host School at the end of</li> <li>NOT be receiving financial aid at the Host School.</li> </ol>	ge and be ma ation from to ate College.	aking satisfactory a	academic progress as specified by
Total credit hours are you taking at the Host School?  Please list the course(s) you are taking at the Host School:			
1.	3.		
2.	4.		
Student Signature		Date	
SECTION II – APPROVAL SIGNATURE - TO BE COMPLETED BY STARK STATE COLLEGE OFFICIAL			
Make an appointment with your Stark State advisor, department	chair, or dea	an to have this Co	nsortium Agreement approved.

## SECTION II – APPROVAL SIGNATURE - TO BE COMPLETED BY STARK STATE COLLEGE OFFICIAL Make an appointment with your Stark State advisor, department chair, or dean to have this Consortium Agreement approved. Signature of Advisor, Department Chair, or Dean Printed Name Academic Department Telephone Number/Email Address

STUDENT NAME	SSC STUDENT ID #		
SECTION III – TO BE COM	PLETED BY HOST SCHOOL OFFICIAL		
Will the student receive financial aid at your institution	n? □ Yes □ No		
If "Yes", STOP. DO NOT complete the remainder of th If "No", please complete the remainder of this form.	is form. Please sign the form and return to Stark State College.		
Dates of Enrollment Under this Agreement:			
Term Start Date: Term End Date:	Number of Weeks of Instruction Time:		
Tuition and Fees (per credit hour) per term	\$		
Books and Supplies (per credit hour) per term	\$		
Room and Board per term	\$		
Transportation per term	\$		
Personal per term	\$		
Total	\$		
<ul> <li>NOT process any federal or state financial aid d</li> <li>Attach a copy of the student's current registration</li> </ul>	rogram that meets Title IV requirements. on to the student. or withdraws from any or all courses at the institution. uring the consortium term.		
Host School's Financial Aid Officer's Signature	Please print or type name		
Telephone Number/Email Address	Date		
	eturn this form to: < State College		
Gateway	/ Student Services		

Stark State College
Gateway Student Services
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