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Date Scanned

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	Financial Aid Services	financialaid@fairmontstate	

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<i>-</i> ,

2022-2023	Consortium	Agreement
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	tween					
Fairmont State University (Home School)		ersity	And	(Host School)	(Host School)	
Last Name:		First Name:	ne:ID: <u>F00</u>	ID: <u>F00</u>		
UC.	A:		@students.fairmon	ontstate.edu Phone:		
Α.	TO BE COMPLETED	O BY THE S	TUDENT		_	
Ter	rm: Fall	Spring	Summer			
Un	der this consortium	agreement	t, I the student, agree to:			
1.	Enrolled in a degre	e, certificat	e, or other recognized credential p	l program at Fairmont State University.		
2.	Maintain satisfacto	ory academi	ic progress.			
3.			ol which are transferable to my Fai ate University academic advisor.	airmont State University degree, certificate, or recognized creden	itial	
4.	Notify Fairmont State University's financial aid office if I do not begin attendance in the courses listed and approved in this consortium agreement.					
5.	Immediately inform Fairmont State University and the Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.					
6.	Ensure that the Host School provides Fairmont State University with a Host School academic transcript upon completion of the consortium period.					
7.	File a FAFSA and complete the required financial aid process prior to all applicable deadlines.					
8.	Pay tuition, fees, and other expenses as charged by Fairmont State University and/or Host School.					
 Stu	dent Signature			Date		

Number of credit hours the student is taking at Fairmont State University: Under this consortium agreement, the Home School: 1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropri for the consortium term. 2. Will make available applicable student consumer information required under Title IV. 3. Certifies the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the Home School. 4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS). 5. Will calculate returns of Title IV funds, when appropriate. 6. Will maintain Title IV recordkeeping and reporting requirements. Miwa £dwads, Financial Aid Counselor	B. TO BE	COMPLETED BY HO	OME SCHOOL FINANCIAL AI	D OFFICER	
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Miwa Edwards, Financial Aid Counselor Printed Name Body Street County Count	5. Will o	calculate returns of Tit	le IV funds, when appropriate.		
Printed Name Email Address Date	6. Will r	maintain Title IV recor	dkeeping and reporting require	ements.	
C. TO BE COMPLETED BY HOST SCHOOL FINANCIAL AID OFFICER Enrollment Dates at Host School: to			selor	 -	Date
C. TO BE COMPLETED BY HOST SCHOOL FINANCIAL AID OFFICER Enrollment Dates at Host School: to					
Enrollment Dates at Host School: to	Signature			Phone	
Tuition and Fees \$ Room and Board \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Will the s	tudent receive financi	al aid at your institution? \Box Ye	es 🗆 No	
Room and Board \$ Books and Supplies \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Type and amount of fun	
S S S					
Under this consortium agreement, the Host School: 1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements. 2. Will make available applicable student consumer information required under Title IV. 3. Will provide Fairmont State University with documentation of the student's enrollment at the Host School. 4. Agrees to notify Fairmont State University if the student fails to enroll in, began attendance in, or withdraws from the Host School (to include the withdrawal date and other relevant information). Printed Name Title Date					
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	 Certi finan Will I Will I Agree 	fies that the student licial aid eligibility requestion and eligibility requestions are available applicator or state es to notify Fairmont State	sted has been accepted for eniirements. Ible student consumer informa University with documentation State University if the student fa	ation required under Title IV. In of the student's enrollment at the Host	: School.
Signature Litter Filling Filling	Printed Na	me		Title Email	Date Phone