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Date Received

Date Scanned

## 2020-2021 Consortium Agreement

**Between**

**Fairmont State University**  
(Home School)

**And**

\_\_\_\_\_  
(Host School)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID: F00 \_\_\_\_\_

UCA: \_\_\_\_\_ @students.fairmontstate.edu Phone: \_\_\_\_\_

### A. TO BE COMPLETED BY THE STUDENT

Term:      Fall      Spring      Summer

**Under this consortium agreement, I the student, agree to:**

1. Enrolled in a degree, certificate, or other recognized credential program at Fairmont State University.
2. Maintain satisfactory academic progress.
3. Take courses at the Host School which are transferable to my Fairmont State University degree, certificate, or recognized credential as certified by my Fairmont State University academic advisor.
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.

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

\_\_\_\_\_  
Date

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**B. TO BE COMPLETED BY HOME SCHOOL FINANCIAL AID OFFICER**

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 appropriate 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 Edwards, Financial Aid Counselor

medwards@fairmontstate.edu

Printed Name

Email Address

Date

Signature

304-367-4836

Phone

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**C. TO BE COMPLETED BY HOST SCHOOL FINANCIAL AID OFFICER**

Enrollment Dates at Host School: \_\_\_\_\_ to \_\_\_\_\_

Number of credit hours the student is taking at the Host School: \_\_\_\_\_

Will the student receive financial aid at your institution?  Yes  No

Host Institution Cost	
Tuition and Fees	\$
Room and Board	\$
Books and Supplies	\$
<b>Total Cost</b>	\$

Type and amount of funding from Host School	
	\$
	\$
	\$

**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

Signature

Email

Phone

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