Financial Aid Consortium Agreements at the
University of Rio Grande/Rio Grande Community College

What is a consortium agreement?
A consortium agreement is a binding agreement between eligible schools which enable you to receive various types of aid from the University of Rio Grande/Rio Grande Community College while being enrolled as a visiting student at another school. The University of Rio Grande/Rio Grande Community College is considered your home school and the visiting school is referred to as the host school. There are four (4) sections to the agreement, all of which need to be completed in full before the agreement can be processed by the Financial Aid office. Please use this checklist to help determine your eligibility.

Student Checklist:

☐ Complete section I of the Agreement.

☐ Meet with your Academic Advisor at the University of Rio Grande to have Section II completed.

☐ Visit your Financial Aid advisor to have Section III of the agreement reviewed and signed. Sections I and II should already be completed.

☐ Have the host (not Rio’s) school’s Financial Aid Office complete Section IV. The host school faxes the completed form to the University of Rio Grande Financial Aid office for processing. It’s important to check with the host school for processing time requirements for section IV completion.

☐ Check with your host school to determine when its enrollment fees must be paid. Even if payment is due prior to financial aid being disbursed at the University of Rio Grande, you are obligated to pay your host school in a timely manner. Be aware that aid will be disbursed based on the University of Rio Grande’s disbursement schedule.

☐ After completing the consortium term, you must request an academic transcript from the host school to be sent to Ohio State Registrar’s Office. Failure to do so may affect your financial aid eligibility.

Financial Aid Eligibility:
Your aid eligibility during the consortium term is determined by your enrollment (credit hours at the host school and credit hours taken at the University of Rio Grande).

Possible aid available to students based on credit hours taken at the host institution:

- Federal Pell Grant
- Federal Supplemental Educational Opportunity Grant (SEOG)
- Federal Perkins Loan
- Federal Direct Loan (Subsidized, Unsubsidized and PLUS)
- Federal Work-Study (must be at least half-time at OSU)
- Ohio College Opportunity Grant
- Private Loans (may require lender approval)
SECTION I: To be completed by the student.

Name: ___________________________ Social Security Number: _______________________

Home Address: ___________________________ RIO Student ID Number: _______________________

City: ___________________________ State: _______ ZIP Code: _______

Home Phone: ___________________________ Campus/Cell Phone: ___________________________

Email Address: ___________________________

Consortium Term: ______ Summer ______ Autumn ______ Spring ______ Year: ____________

Please Note: With few exceptions a consortium agreement specifically applies to one term of enrollment.

Do you plan to register at the University of Rio Grande during the consortium term? (Please circle one)

Yes           No

If “Yes”: How many hours do you plan to take at Rio? ______________

Statement of Authorization:

I agree to:

• Have the host school send the completed form to the University of Rio Grande by the first Friday of the consortium term (first Friday of classes at the University of Rio Grande)
• Complete the hours indicated in Section III of this agreement at the host institution and the hours listed about at the University of Rio Grande
• Comply with the University of Rio Grande’s and the host school’s policies regarding refunds, Satisfactory Academic Progress, and all other eligibility requirements. **Please note: Students must pay all tuition, fees and prior term balances before the first day of classes. Processing of form does not constitute a valid reason for late payment of fees at the University of Rio Grande.
• Pay enrollment fees in a timely manner to both the host school and the University of Rio Grande. (Please Note: The University of Rio Grande will disburse financial aid according to the University of Rio Grande’s disbursement schedule. If enrollment fees are due at the host prior to financial aid being disbursed to your account at the University of Rio Grande, it is your responsibility to pay your host school in a timely manner.) Financial aid received from the University of Rio Grande will not be directly transferred to your host school.
• Ensure that an official academic transcript from my host school is provided to the Ohio State Registrar’s Office.
• Allow the University of Rio Grande and the host school to share information related to my enrollment and financial aid eligibility.

_________________________  _______________________
Student Signature                                                                Date
SECTION II: To be completed by the student’s academic advisor or Records office representative.

_____________________________ intends to enroll in the following courses at __________________________

(Student’s Name) (Host School).

These courses are the academic equivalent to the Rio courses listed.

Course: ________________________ University of Rio Grande equivalent:__________________________
Course: ________________________ University of Rio Grande equivalent:__________________________
Course: ________________________ University of Rio Grande equivalent:__________________________
Course: ________________________ University of Rio Grande equivalent:__________________________
Course: ________________________ University of Rio Grande equivalent:__________________________
Course: ________________________ University of Rio Grande equivalent:__________________________

My signature below confirms that the courses listed will be accepted as fulfilling a requirement of the student’s degree program at the University of Rio Grande.

_________________________________________________   ________________
Advisor/Collegiate Representative Signature Date

_________________________________________________
Advisor/Collegiate Representative Printed Name
SECTION III: To be completed by the student’s financial aid advisor at the University of Rio Grande.

My signature below confirms that I have gone over the terms of the consortium agreement with __________________________.

(Student’s Name)

To the best of my knowledge, the student meets the terms of this agreement.

_________________________________________________   ________________
Financial Aid Advisor Signature          Date

_________________________________________________   __________
Financial Aid Advisor Printed Name
SECTION IV: To be completed by the host school’s financial aid office.

Enrollment Dates at Host School: _______________________ to ________________________

Please list below all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.)

Course:________________________ Credit Hours:__________________ (circle: semester/quarter)
Course:________________________ Credit Hours:__________________ (circle: semester/quarter)
Course:________________________ Credit Hours:__________________ (circle: semester/quarter)
Course:________________________ Credit Hours:__________________ (circle: semester/quarter)
Course:________________________ Credit Hours:__________________ (circle: semester/quarter)

Total Credit Hours:__________________

As a representative of the host institution you agree to:
- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV, and State financial aid requirements.
- Not award any federal, state, institutional, or private aid during the time that the student is enrolled at your school.
- Accept payment from the student, apply it to your enrollment charges and disburse any credit balance to the student in accordance with your school’s policy.
- Notify the University of Rio Grande immediately and supply the effective date(s) if the student withdraws or drops any hours reported in this agreement.
- Upon the student’s request, facilitate the release of an official academic transcript to Ohio State upon completion of the consortium term. (NOTE: The student’s signature in Section I of this agreement authorizes the host institution to provide and official academic transcript to the University of Rio Grande.) Please send the transcript to the address below.

_________________________________ ____________________________
Signature Date

_________________________________ ____________________________
Printed Name & Title Office Phone

_________________________________ ____________________________
Email Address Office Fax