



STUDENT NAME \_\_\_\_\_

SSC STUDENT ID # \_\_\_\_\_

**SECTION III – TO BE COMPLETED BY CLARK STATE COMMUNITY COLLEGE**Will the student receive financial aid at your institution?  Yes  No

If "Yes", STOP. DO NOT complete the remainder of this form. Please sign the form and return to Stark State College.  
 If "No", please complete the remainder of this form.

Dates of Enrollment Under this Agreement:		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	\$	
<b>Total</b>	\$	

Under this consortium agreement and upon completion of this form, Clark State Community College will:

- Certify the student is enrolled in an academic program that meets Title IV requirements.
- Provide institution-specific consumer information to the student.
- Notify Stark State College if the student drops or withdraws from any or all courses at the institution.
- **NOT** process any federal or state financial aid during the consortium term.
- Attach a copy of the student's current registration and invoice to this form.

Stark State College's Office of Financial Aid will be notified by Clark State Community College if the student withdraws from any classes taken under this Agreement.  Yes  No

<i>CSCC's Financial Aid Officer's Signature</i>	<i>Please print or type name</i>
<i>Telephone Number/Email Address</i>	<i>Date</i>

Please return this form to:

Stark State College  
 Gateway Student Services  
 Attn: Lina Waltz  
 6200 Frank Avenue NW  
 North Canton, OH 44720

Phone - 330-494-6170 ext. 5709 | Fax - 330-966-6598 | [www.starkstate.edu](http://www.starkstate.edu) | Email - [LKareem@starkstate.edu](mailto:LKareem@starkstate.edu)

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