

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
2022-2023

Between
Stark State College and Lorain County Community College

Stark State College and Lorain County Community College are herein entering into a Consortium Agreement regarding:

STUDENT NAME _____ SSC STUDENT ID # _____

Major at Stark State: _____

Semester for which you are completing this form: Summer _____ Fall _____ Spring _____
year year 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

The student must:

1. Take only courses at Lorain County Community College which are **transferable to their degree program at Stark State College**.
2. Be enrolled in a degree-granting program at Stark State College and be making satisfactory academic progress as specified by Stark State’s Standards of Academic Progress Policy (SAP).
3. Submit this completed form along with a **copy of their registration from Lorain County Community College** to the Stark State Gateway Student Services, Room M102 before the start of the term at Stark State College.
4. **Submit grade transcripts from Lorain County Community College at the end of the semester.**
5. **NOT** be receiving financial aid at Lorain County Community College.

Total credit hours you are taking at Lorain County Community College? _____

List the course(s) you are taking at Lorain County Community College:

1.	3.
2.	4.

Student Signature _____ Date _____

SECTION II – APPROVAL SIGNATURE - TO BE COMPLETED BY STARK STATE COLLEGE OFFICIAL

Please make an appointment with Stark State College’s Admission Office to have this Consortium Agreement approved.

<i>Signature, Dean of Student Services</i>	<i>Printed Name</i>
Admissions/Student Services Enrollment Management <i>Academic Department</i>	<i>Telephone Number/Email Address</i>

STUDENT NAME _____

SSC STUDENT ID # _____

SECTION III – TO BE COMPLETED BY LORAIN COUNTY COMMUNITY COLLEGEWill 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	\$	
Total	\$	

Under this consortium agreement and upon completion of this form, Lorain County 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 Lorain County Community College if the student withdraws from any classes taken under this Agreement. Yes No

<i>LCCC'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:

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