Stark State College Gateway Student Services

6200 Frank Ave NW, North Canton, OH 44720 (330) 494-617 | Fax-(330) 966-6598 www.starkstate.edu | studentservices@starkstate.edu



CONSORTIUM AGREEMENT 2022-2023

Between

Stark State College and Wayne College

Stark State College and the Wayne College are herein enterion	ng into a Consortium Agreement regarding:
STUDENT NAME	SSC STUDENT ID #
Major at Stark State:	
Semester for which you are completing this form: $\ \square$ Summ	ner 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	O BE COMPLETED BY THE STUDENT
 The student must: Take only courses at Wayne College which are transferable to Be enrolled in a degree-granting program at Stark State Colleg Stark State's Standards of Academic Progress Policy (SAP). Submit this completed form along with a copy of their registra Services, Room M102 before the start of the term at Stark State. Submit grade transcripts from Wayne College at the end of the start of the term at Stark State. 	ge and be making satisfactory academic progress as specified by ation from Wayne College to Stark State Gateway Student ate College.
Total credit hours are you taking at Wayne College?	
Please list the course(s) you are taking at Wayne College:	Г
1.	3.
2.	4.
Student Signature	Date
SECTION II – APPROVAL SIGNATURE - TO BE CO	OMPLETED BY STARK STATE COLLEGE OFFICIAL
Please make an appointment with Stark State College's Admission	
Signature, Dean of Student Services	Printed Name
Admissions/Student Services Enrollment Management	

Academic Department

Telephone Number/Email Address

STUDENT NAME		SSC STUDENT ID #	
SECTION III – TO	O RE COMPLE	TED B	Y WAYNE COLLEGE
Will the student receive financial aid at your in:			No
,	er of this form.		e sign the form and return to Stark State College.
Dates of Enrollment Under this Agreement:	T		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 con Certify the student is enrolled in an acac Provide institution-specific consumer int Notify Stark State College if the student NOT process any federal or state financi Attach a copy of the student's current restart Stark State College's Office of Financial Aid will be taken under this Agreement. ☐ Yes ☐ No 	demic program formation to the drops or withde all aid during the egistration and	that me stud raws fine cons invoice	eets Title IV requirements. ent. om any or all courses at the institution. ortium term.
Wanta Callanda Sinna in Aid Office de Cin			
Wayne College's Financial Aid Officer's Sig	Inature		Please print or type name
Telephone Number/Email Address			Date
G	ease return the Stark State ateway Stude 6200 Frank Av Jorth Canton,	Colleg nt Ser enue	e vices NW

Phone - 330-494-6170 | Fax - 330-966-6598 | www.starkstate.edu | Email - studentservices@starkstate.edu

FOR OFFICE USE ONLY