

**CONSORTIUM AGREEMENT****2025-2026**

Between

Stark State College and Clark State College

Stark State College and Clark State College are herein entering into a Consortium Agreement regarding:

STUDENT NAME _____ SSC STUDENT ID # _____

Major at Stark State: _____ CLARK STATE ID # _____

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 Clark State 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 Clark State 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 Clark State College at the end of the semester.**
5. **NOT** be receiving financial aid at Clark State College.

Total credit hours you are taking at Clark State College? _____

List the course(s) you are taking at Clark State College:

1.	3.
2.	4.

Student Signature _____ Date _____

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

Make an appointment with your Stark State advisor, department chair, or dean to have this Consortium Agreement approved.

<i>Signature of Advisor, Department Chair, or Dean</i>	<i>Print Name</i>
<i>Academic Department</i>	<i>Telephone Number/Email Address</i>

STUDENT NAME _____

SSC STUDENT ID # _____

CLARK STATE ID # _____

SECTION III – TO BE COMPLETED BY CLARK STATE COLLEGE OFFICIALWill 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:

Term Start Date: _____ Term End Date: _____ 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, Clark State 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 College if the student withdraws from any classes taken under this Agreement. ☐ Yes ☐ No

<i>CSC’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
6200 Frank Avenue NW
North Canton, OH 44720Phone - 330-494-6170 | Fax - 330-966-6598 | Web - www.starkstate.edu | Email - studentservices@starkstate.edu**FOR OFFICE USE ONLY**