

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

Between

Stark State College (Home School)

and

\_\_\_\_\_  
Name of Host School

Stark State College and the school named above are herein entering into a Consortium Agreement regarding:

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

Major at Stark State: \_\_\_\_\_ HOST SCHOOL 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 the Host School 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.
3. Submit this completed form along with a **copy of their registration from their Host School** to Stark State Gateway Student Services, Room M102 before the start of the term at Stark State College.
4. **Submit grade transcripts from their Host School at the end of the semester.**
5. **NOT** be receiving financial aid at the Host School.

Total credit hours are you taking at the Host School? \_\_\_\_\_

Please list the course(s) you are taking at the Host School:

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>Printed Name</i>
<i>Academic Department</i>	<i>Telephone Number/Email Address</i>

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

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

**SECTION III – TO BE COMPLETED BY HOST SCHOOL OFFICIAL**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:

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	\$
<b>Total</b>	\$

Under this Consortium Agreement and upon completion of this form, the host institution 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 the Host School if the student withdraws from any classes taken under this Agreement. ☐ Yes ☐ No

<b>Host School's Financial Aid Officer's Signature</b>	<b>Please print or type name</b>
<b>Telephone Number/Email Address</b>	<b>Date</b>

Please return this form to:

Stark State College  
 Gateway Student Services  
 6200 Frank Avenue NW  
 North Canton, OH 44720

Phone - 330-494-6170 | Fax - 330-966-6598 | [www.starkstate.edu](http://www.starkstate.edu) | [studentservices@starkstate.edu](mailto:studentservices@starkstate.edu)**FOR OFFICE USE ONLY**