

**CONSORTIUM AGREEMENT****2026-2027**

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.

_____	_____
Signature of Advisor, Department Chair, or Dean	Printed Name
_____	_____
Academic Department	Telephone Number/Email Address

STUDENT NAME _____

SSC STUDENT ID # _____

SECTION III – TO BE COMPLETED BY HOST SCHOOL 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, 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

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

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 | studentservices@starkstate.edu**FOR OFFICE USE ONLY**