



Section I: Student Information

To be completed by Student:

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Southern State Email Address \_\_\_\_\_

Name of Host Institution \_\_\_\_\_

Consortium Enrollment Period: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Student Terms of the Agreement:

- 1. I agree to submit this form to Southern State Community College my home school, and to my host school for completion.
2. I understand Southern State, as my home school granting my degree or certificate, will award my financial aid and apply it first to tuition, fees, and books at Southern State. Any remaining balance will be mailed to me in a refund check.
3. I will be responsible to pay tuition and fees at my host school.
4. I will enroll only in courses at my host institution which are transferable back to Southern State for my degree or certificate program and I will meet with an academic advisor for prior approval for class(s).
5. I will allow Southern State to share information with my host institution regarding admissions, registration, billing, academics and financial aid when completing the consortium agreement.
6. I will request an official academic transcript to be sent from my host school to the Registrar's office at Southern State upon completion of the consortium period.
7. I have read and accept the responsibilities of the agreement.

Complete section I and submit along with Section II to Host School

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



Section II: Host Institution Information

To be completed by Host Institution Financial Aid Representative:

Name of Host Institution \_\_\_\_\_

Dates of Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

Number of Hours Student is Enrolled \_\_\_\_\_

Tuition and Fees \$ \_\_\_\_\_
Room and Board \$ \_\_\_\_\_
Other Expenses \$ \_\_\_\_\_
TOTAL \$ \_\_\_\_\_

Host Institution Agrees to:

Complete & sign agreement form and then fax/email to Southern State Community College.
Fax: 937-393-6682 email: lmyers@sscc.edu

- 1. Not award any federal or state financial aid to the student during the term listed.
2. Notify SSCC immediately and provide effective date(s) if a student withdrawals or drops any hours reported in in this agreement.
3. Provide SSCC with a copy of the academic transcript upon completion of the approved courses to the following address:

Southern State Community College
Attention: Registrar's Office
100 Hobart Drive
Hillsboro, OH 45142

- 4. Keep a copy of this completed agreement on file at their institution.

Financial Aid Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Aid Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Section III: Home Institution Information

To be completed by Home Institution Financial Aid Representative:

Term of Enrollment: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

NAME: \_\_\_\_\_ TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_

TOTAL OF SEMESTER HRS AT SOUTHERN STATE: \_\_\_\_\_

TOTAL OF SEMESTER HRS AT HOST SCHOOL: \_\_\_\_\_

TOTAL OF COMBINED HOURS: \_\_\_\_\_

Table with 3 columns: Category, HOME SCHOOL, HOST SCHOOL. Rows include TUITION & FEES, ROOM & BOARD, BOOKS & SUPPLIES, MISCELLANEOUS, TRANSPORTATION, and BUDGET TOTAL.

HOME SCHOOL FINANCIAL AID REPRESENTATIVE SIGNATURE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_