



**Between**

**Youngstown State University and \_\_\_\_\_**

**(Home School)**

**(Visited Institution)**

**Section I: To be completed by the Student**

Name: \_\_\_\_\_ YSU ID Number: \_\_\_\_\_

Last four digits of SSN: xxx-xx- \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ YSU Email: \_\_\_\_\_

Consortium Term: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year: \_\_\_\_\_

Hours enrolled at Visited Institution: \_\_\_\_\_ Hours enrolled at Youngstown State University: \_\_\_\_\_

**Under this Consortium Agreement, I understand I must:**

1. Be enrolled in a degree, certificate, or other recognized credential program at Youngstown State University.
2. Make sure Section II is signed by my academic advisor from Youngstown State University.
3. Register for only those classes approved by my academic advisor in Section II of which are transferrable to my degree, certificate, or credential program at Youngstown State University.
- 4. Immediately notify the Office of Financial Aid and Scholarships at YSU and the Financial Aid Office at the Visited Institution of any enrollment changes made at the Visited Institution, including withdrawing from any or all courses, substituting already approved courses, dropping or adding, or never attending as this may require that my financial aid be reduced or canceled.**
5. Pay all tuition, fees, and other charges at the Visited Institution and at YSU according to their payment schedules. It is my responsibility to pay any balance due by the deadline dates at each school.
6. Give permission to both schools (the Home School and the Visited Institution) to share with each other my academic, enrollment, billing, and financial aid records as necessary.

**By my signature below, I understand that if I do not comply with the above requirements, I will not be in compliance with federal regulations as set forth by the U.S. Department of Education and/or with the requirements of YSU's Office of Financial Aid and Scholarships. Non-compliance may result in reduction or cancellation of my financial aid.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**



**YOUNGSTOWN  
STATE  
UNIVERSITY**

**Office of Financial Aid and  
Scholarships / Ad Hoc Consortium  
Agreement**

**Office of Financial Aid and Scholarships**

**Section II: To be completed by the Student's YSU Academic Advisor**

Student's Name: \_\_\_\_\_ YSU ID: \_\_\_\_\_

Student plans on enrolling at \_\_\_\_\_ (the Visited Institution)

for: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Courses enrolling in at the Visited Institution:

Course: \_\_\_\_\_ Credits \_\_\_\_\_

Course: \_\_\_\_\_ Credits \_\_\_\_\_

Course: \_\_\_\_\_ Credits \_\_\_\_\_

Course: \_\_\_\_\_ Credits \_\_\_\_\_

Total Credit Hours \_\_\_\_\_

**My signature below confirms that the courses listed are transferrable to the student's degree at Youngstown State University. Furthermore, the courses listed are not considered repeat courses.**

**Advisor's Printed Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_



**Section III: To be completed by the Visited Institution's Financial Aid Office**

Name of Visited Institution: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Term (Semester & Year): \_\_\_\_\_ Enrollment Hours at Visited Institution: \_\_\_\_\_

Cost of Attendance: Total \$ \_\_\_\_\_

Tuition/Fees: \_\_\_\_\_ Room/Board: \_\_\_\_\_ Books/Supplies: \_\_\_\_\_

Transportation: \_\_\_\_\_ Misc Expenses: \_\_\_\_\_ Other: \_\_\_\_\_

**The Visited Institution agrees to:**

1. Not award any financial aid while the student is enrolled as a transient student at the Visited Institution.
2. Notify YSU's Office of Financial Aid and Scholarships of any enrollment changes including withdrawals, adding or dropping of the student's approved course schedule, or non-attendance of classes.
3. Provide a copy of the student's Registration and Bill for the term of the Consortium Agreement.
4. Fax or have student submit this Consortium Agreement, with completion of sections I, II and III, along with a copy of the student's Registration and Bill to YSU's Office of Financial Aid and Scholarships. Fax: 330-941-1659. Please call 330-941-1594 or 330-941-1994 with questions.
5. Provide the student's grades and completed coursework for the term of the Consortium Agreement to YSU's Office of Financial Aid and Scholarships when necessary.

Signature of Financial Aid Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**YOUNGSTOWN  
STATE  
UNIVERSITY**

**Office of Financial Aid and  
Scholarships / Ad Hoc Consortium  
Agreement**

**Office of Financial Aid and Scholarships**

**Section IV: To be completed by Youngstown State University's Office of Financial Aid and Scholarships**

Term (Semester & Year): \_\_\_\_\_ Enrollment Hours at YSU: \_\_\_\_\_

Cost of Attendance: Total \$ \_\_\_\_\_

Tuition/Fees: \_\_\_\_\_ Room/Board: \_\_\_\_\_ Books/Supplies: \_\_\_\_\_

Transportation: \_\_\_\_\_ Misc Expenses: \_\_\_\_\_ Other: \_\_\_\_\_

**Under this Ad Hoc Consortium Agreement, The Office of Financial Aid and Scholarships at Youngstown State University agrees to:**

1. Process the student's FAFSA application and award the student as appropriate for the term of the Consortium.
2. Notify the Office of the Bursar of any enrollment changes, which may result in return of Title IV funds.
3. Disburse financial aid according to YSU's disbursement schedule.
4. Monitor Satisfactory Academic Progress and other eligibility requirements such as enrollment at the Visited Institution.
5. Consider the student enrolled in a program leading to a degree, certificate or credential program per academic advisor's signature.
6. Comply with all pertinent federal, state, and University regulations, policies and procedures.
7. Maintain Title IV record keeping and reporting requirements.

Signature of Financial Aid Representative: \_\_\_\_\_

Printed Name: Brian D. Duchon, MPA Date: \_\_\_\_\_

Title: Financial Aid Counselor

Phone: 330-718-9903 Fax: 330-941-1659

Address: One University Plaza Youngstown, Ohio 44555  
Office of Financial Aid & Scholarships, Meshel Hall Room 203