

**STUDENT FINANCIAL AID**

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**PURPOSE:** This form is to facilitate payment for courses you will be enrolled in as a guest student at another institution (host institution). A completed Consortium Agreement allows Bowling Green State University to disburse your financial aid based on your enrollment at either the host institution alone, or at both institutions combined.

**BGSU FINANCIAL AID OFFICE WILL:** Accept only a completed Consortium Form, determine your eligibility for financial aid, disburse your financial aid, monitor your satisfactory academic progress and attendance, maintain your financial aid records, and report information regarding your enrollment and financial aid as required.

**DISBURSEMENT OF FUNDS:** Your financial aid will disburse to your BGSU Bursar account based on Bowling Green State University's disbursement schedule, submission of a completed Consortium Form, and also based on the start date of your consortium term. Any fees due to BGSU will be paid first, and any excess financial aid will be refunded to you.

**PAYING FOR FEES AT HOST INSTITUTION:** Use the refunded aid from BGSU to pay for your courses at the host institution. It is your responsibility to contact the host institution regarding their payment schedule and to make payment to the host institution for any charges incurred. You may be required to pay the host institution prior to aid being refunded to you at Bowling Green State University. If you need the refund mailed to your home, contact the BGSU Bursar Office.

**CONDITIONS OF THE AGREEMENT:** You are not permitted to obtain federal or state financial aid from both institutions. By completing the Host Institution section of this agreement, the host institution agrees NOT to process any federal or state financial aid for you as a guest student. If this agreement is violated, your federal and state financial aid awards may be revoked by one or both institutions. It is your responsibility to make sure the host institution understands you are a student at Bowling Green State University and they should not process any federal or state financial aid for you.

**YOU MUST NOTIFY BOTH INSTITUTIONS IF YOU DROP OR WITHDRAW FROM ANY OR ALL OF YOUR COURSES.** Your financial aid award is based on your enrollment which will be verified and monitored throughout the term, as well as after the term has ended. If you adjust your enrollment from the original course schedule you provided, your financial aid may be adjusted which could cause you to have a balance due at one or both institutions. If the host school refuses to process this Consortium Agreement there is no appeal process. Your financial aid would then be processed according to your hours of enrollment at BGSU only.

**YOU ARE REQUIRED:** To have a 2.0 cumulative grade point average before this agreement will be processed; to submit an official transcript of your completed dual enrollment at the host institution to the BGSU Financial Aid Office, in addition to the BGSU Registration Office at the close of the semester for which the agreement is processed.

**WHAT YOU NEED TO DO:**

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**\*THIS COMPLETED FORM MUST BE SUBMITTED 15 DAYS PRIOR TO TERM OF DUAL ENROLLMENT**

1. File a 2009-2010 FAFSA if you intend to use any federal or state aid for your consortium term.
2. Complete "SECTION I: STUDENT INFORMATION".
3. Have your academic advisor complete "SECTION II: BGSU ACADEMIC ADVISOR'S ASSESSMENT".
4. The financial aid office at your host school should complete "SECTION III: HOST INSTITUTION'S RESPONSIBILITIES".
5. Complete student information and course information on "Section IV: GUEST STUDENT CERTIFICATION" and submit to the Transfer Evaluation Office, 1<sup>st</sup> floor Administration Bldg. at BGSU. Your form will be processed and forwarded to Student Financial Aid for you.
6. Make a copy of all sections for your records before submitting to the appropriate office for processing.
7. Submit completed Sections I, II, and III to Student Financial Aid, 231 Administration Bldg., Bowling Green State University.

**This form must be complete before you submit. If all sections are not submitted with appropriate certification and signatures, your Consortium Agreement will be returned to you as incomplete.**



## SECTION II: BGSU ACADEMIC ADVISOR'S ASSESSMENT

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Student Name: \_\_\_\_\_ BGSU ID #: \_\_\_\_\_

List all courses the student plans to take during the consortium term and the BGSU course equivalency:

Course Number and Name	Credit Hrs.	BGSU Equivalency	Credit Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please sign below verifying the course(s) listed above will be accepted toward the completion of the student's BGSU degree, certificate, or other recognized credential program. BGSU Office of Registration And Records will confirm the GPA.

\_\_\_\_\_  
BGSU Academic Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Academic Department

\_\_\_\_\_  
Advisor's Telephone Number

### **HOME INSTITUTION: UNDER THIS AGREEMENT BGSU STUDENT FINANCIAL AID WILL:**

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- Process the student's FAFSA application and provide payment of Title IV funds (if eligible), as appropriate, for the consortium period based on the Cost of Attendance provided by the host institution
- Disburse federal aid according to the host institution's academic calendar
- Monitor Satisfactory Academic Progress
- Process enrollment reporting to the National Student Clearinghouse
- Calculate all components for Return of Title IV funds, when appropriate
- Maintain Title IV record keeping and reporting requirements
- Monitor hours enrolled for institutional refunds and repayments
- Report the student on our FISAP

*Gail Houtz, M.Ed.*

Gail Houtz

\_\_\_\_\_  
BGSU SFA Authorizing Signature

\_\_\_\_\_  
Printed Name

419-372-6882

419-372-0404

ghoutz@bgsu.edu

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

## SECTION III: HOST INSTITUTION'S RESPONSIBILITIES

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Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

BGSU ID #: \_\_\_\_\_

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

Will the student receive financial aid at your institution?  Yes  No

If yes, list type and amount of funding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check which system is applicable to your institution:  Quarters  Semesters

List total credit hours for which the student is enrolled: \_\_\_\_\_

The enrollment period is from: \_\_\_\_\_ to \_\_\_\_\_

List Cost of Attendance figures for the term under this agreement:

\$ \_\_\_\_\_ Tuition and fees

\$ \_\_\_\_\_ Room and board (if applicable)

\$ \_\_\_\_\_ Books and supplies

\$ \_\_\_\_\_ Transportation

\$ \_\_\_\_\_ Other

### UNDER THIS AGREEMENT, THE HOST INSTITUTION AGREES TO:

- Certify the student has been accepted for enrollment in an academic program that meets Title IV financial aid eligibility requirements
- Provide school specific consumer information to the student
- Provide BGSU with documentation of the student's enrollment at your school
- Notify BGSU if the student fails to enroll or withdraws from your school
- Provide BGSU with an official academic transcript upon completion of the agreement period

\_\_\_\_\_  
Host Institution Financial Aid Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FAX Number

**SECTION IV: GUEST STUDENT CERTIFICATION**

(This form will be forwarded to Student Financial Aid for you by the Office of Registration and Records)

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code

BGSU ID #: \_\_\_\_\_

(Mailed one week after completion)

Check your college:

Telephone #: \_\_\_\_\_

A & S                       Educ & Hum

Cell Phone #: \_\_\_\_\_

Music                       H & HS

Bus                       Tech

Fire                       ACE

Institution you plan to attend: \_\_\_\_\_

Branch: \_\_\_\_\_

Term you plan to attend: Summer       Winter       Fall       Spring       Year: \_\_\_\_\_

**OTHER INSTITUTION**

**BGSU EQUIVALENT**

DEPARTMENT	COURSE NUMBER	CREDIT HR	DEPARTMENT	COURSE NUMBER	SEM HR
<i>Example: ENGL</i>	<b>101</b>	<b>3</b>	<b>ENG</b>	<b>112</b>	<b>3</b>

**Student must check Student Copy of Guest Certification form upon receipt for any changes to equivalency before taking course(s) at host institution. Upon completion of these courses, student must request an official transcript be sent to the above address. Transcripts will not be automatically sent for the student by the host institution. Applicability of courses into degree program is to be determined by your college advising office.**

**READ THE BACK OF THIS FORM AND SIGN.  
THIS FORM WILL NOT BE COMPLETED WITHOUT YOUR SIGNATURE.**

For Office Use Only:

**STATEMENT OF GOOD STANDING**

The above student is in good academic standing at Bowling Green State University. This document is valid if signed by Director of Transfer Evaluation and Graduation and sent from the Office of Registration and Records at Bowling Green State University.

\_\_\_\_\_  
Rachel A. Schaeffer, Director of Transfer Evaluation and Graduation

\_\_\_\_\_  
Date

If the student is within the last 30 hours immediately preceding graduation, course work is subject to approval of the student's college office.

Student Copy                      Class Standing: Freshman       Junior   
College Copy                                            Sophomore       Senior

## STUDENT INFORMATION

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1. A **Statement of Good Standing** will not be issued to students who do not have a 2.0 accumulative average at BGSU.
2. Transfer credit will be accepted provided the student earns a final grade of “D” or better (or Pass for Pass/Fail registration) that carries at least the quality point of 1.0 or greater (on a 4.0 scale).
3. Transfer credit will not be accepted for any course previously passed at BGSU, **including a final grade of “D”**. The grade from the transfer institution will not affect the BGSU accumulative average. Exception to this statement occurs only when qualifying for honors at BGSU, at which time **all work** taken at another institution is averaged into the total accumulative average or when qualifying for selected degree programs.
4. When issuing Guest Student Certification forms, student records are not checked for duplication of credit. It is the responsibility of the student to insure that duplicate work is not taken.
5. Questions regarding pre-requisite(s) at the host institution for course(s) the student wishes to take should be directed to appropriate personnel at the host institution.
6. Student must check the Student Copy of the Guest Student Certification Form upon receipt for any changes to equivalencies. If changes are made, please review with Transfer Evaluation Services or college advising office before taking course(s) at host institution.
7. **If any equivalency information on the front of this form should change (example: credit hours, department, etc.), a new form must be completed.**
8. **Following completion of coursework, it is the student’s responsibility to request an official transcript be mailed directly from the host institution to:**

**Office of Registration and Records,  
110 Administration Bldg.  
Bowling Green State University  
Bowling Green, Ohio 43403**

9. Course work **MUST** be transferred to BGSU within **one** semester beyond the “Plan To Attend” term checked on the first page of the Guest Student Certification form. A re-evaluation will be done if courses are transferred after **one** semester.
10. Transfer Evaluation Services does **NOT** determine applicability of course work into your degree program. **You must contact your advisor to determine applicability of any course that transfers to BGSU.**

I certify that I have read, understand, and agree to the information provided above.

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

NOTES: