



## Consortium Agreement

This form must be completed by the student who plans to receive their degree from Marion Technical College (Home Institution) and is taking classes at another institution (Host Institution) to transfer credit.

### SECTION I: To be completed by the student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Host Institution Name: \_\_\_\_\_

**ENROLLMENT:** Indicate term and number of credit hours you **INTEND** to register for at each school for the entire year. Be sure to indicate enrollment hours for each term. **DO NOT LEAVE BLANK. If you are not planning to enroll for a term, please write "0" on the line for that term.**

**MTC Enrollment:**

**Credit Hours:**

Fall Semester: \_\_\_\_\_  
 Spring Semester: \_\_\_\_\_  
 Summer Semester: \_\_\_\_\_

**Host Institution Enrollment:**

**Credit Hours:**

Fall Semester: \_\_\_\_\_  
 Spring Semester: \_\_\_\_\_  
 Summer Semester: \_\_\_\_\_

### SECTION II: To be read and signed by the student

By signing this form, I am agreeing to the following terms:

- \* I am asking MTC to include my enrollment hours at my Host Institution for Federal, State, and other financial aid eligibility. I may apply for financial aid at one institution only.
- \* **My financial aid will be applied to my balance at MTC and any refund will be sent directly to me. It is my responsibility to pay my Host Institution for any balance owed, even if aid has not yet been applied at MTC.**
- \* Financial aid will be applied to the student's account based on MTC's regular term schedule. The financial aid award year at MTC begins with fall and ends with summer.
- \* I agree to authorize my Host Institution to release any enrollment, academic, and tuition related information to MTC.
- \* I agree to only enroll in courses that are transferable and/or applicable to my degree program.
- \* I realize that MTC will not process a Consortium Agreement for any more than one college per award year.
- \* I understand that I am subject to all policies in the MTC Catalog and Student Handbook, including the Financial Aid Satisfactory Academic Progress regulations
- \* I am required to send an official transcript to MTC at the conclusion of each term that I was enrolled at my Host Institution for which MTC processed a Consortium Agreement. Failure to send official transcripts will delay or cancel aid for future terms.
- \* I have read and understand the terms of the Consortium Agreement between MTC and my Host Institution.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**SECTION III: To be completed by the Host Institution for hours of enrollment and aid disbursement**

I, the Host Institution Representative, agree that by signing this contract I am agreeing to the following terms:

- \* This signed agreement acts as my release form for any academic, financial aid, transcript related or balance related information on this student.
- \* I understand that any enrollment included on this form is INTENDED hours of enrollment and I agree to release actual enrollment information to Marion Technical College upon request and changes of enrollment within 30 days for the term in which the Agreement is processed.
- \* Marion Technical College will process all financial aid for this student for the terms outlined below and on the front of this form.
- \* I have provided this student's status with our institution below:

Please check next to the appropriate information for this student:

- My institution did not award financial aid for this student for the financial aid award year of 2017-2018.
- If my institution did award financial aid for this student for the award year 2017-2018, it has all been cancelled.
- My institution awarded financial aid to this student and I am listing all aid below. If my institution cancelled financial aid for any terms, I will write cancelled in the boxes for that term. Also, please indicate any scholarships, BVR, or state aid this student receives.

Financial Aid Type	Fall Amount	Spring Amount	Summer Amount

\_\_\_\_\_  
Host Institution Representative Signature

\_\_\_\_\_  
Date

Host Institution will forward this form to:

Financial Aid Office  
Marion Technical College  
1467 Mt. Vernon Ave.  
Marion, Ohio 43302  
**OR** fax to  
(740) 389-6136