

2025-26 CONSORTIUM AGREEMENT

COMPLETE WITH BLACK INK ONLY.

THE FIRST TWO PAGES OF THIS AGREEMENT CONTAIN IMPORTANT INFORMATION. RETAIN THEM FOR YOUR REFERENCE.

A consortium agreement allows you to receive financial aid while concurrently enrolled for courses at The University of Toledo (home institution) and another institution (host institution). For the term of concurrent enrollment, your eligibility for financial aid will be based on the total credit hours attempted at both institutions that count toward your program of study. You are required to complete a separate consortium agreement for each term you will be attending another institution. The maximum number of consortium terms permitted is three, with the exception of Lorain County Community College participants.

DEADLINES:

To prevent a delay in the processing of your financial aid, your consortium agreement must be received by the UToledo Office of Student Financial Aid (OSFA) **TWO** weeks prior to classes starting at **UT** for the consortium term.

| Term you will be attending the host school: | To prevent a delay in the processing of your financial aid, your consortium agreement must be received by: | Your consortium agreement WILL NOT be accepted after: |
|---|--|---|
| Summer 2025 | April 28, 2025 | May 26, 2025 |
| Fall 2025 | August 11, 2025 | September 8, 2025 |
| Spring 2026 | January 5, 2026 | January 26, 2026 |

Processing of your consortium agreement may take up to 5 business days. It is your responsibility to make payment arrangements at the host institution until your financial aid is disbursed to you.

CONSORTIUM AGREEMENT RESTRICTIONS:

- UToledo and the host institution reserve the right to not participate in a consortium agreement for any reason.
- You must be registered and attending at least 1 credit hour at UToledo in a course that counts toward your program of study to meet Federal Pell Grant and federal student loan enrollment requirements.
- You must be registered and attending at least 12 credit hours at UToledo to meet most institutional scholarship enrollment requirements. To review specific scholarships' terms and conditions, go to utoledo.edu/financialaid/scholarships.
- Participation in consortium agreements is limited to three terms. If you drop or withdraw from all of your classes at the host institution during a consortium term, that term will still be included as one of the three consortium terms permitted.

DISBURSEMENT OF FINANCIAL AID:

- Your financial aid will disburse to your UToledo student account based on The University of Toledo's disbursement schedule, the date
 a completed consortium agreement is submitted to UToledo, and the start date of your consortium term.
- Any fees due to UToledo will be paid from your financial aid. Any excess financial aid will then be refunded to you.

PAYING FEES AT YOUR HOST INSTITUTION:

- It is your responsibility to contact your host institution regarding their payment schedule and to make payment to your host institution for any charges incurred such as tuition, fees, and books until your financial aid can be disbursed to your UToledo student account.
- You may be required to pay the host institution prior to UToledo refunding your excess financial aid.
- Use your excess financial aid refund (if any) to pay for your courses at your host institution.
- Sign up for direct deposit through the myUT portal to ensure a fast and secure refund.

CONSORT 20241120

CONDITIONS OF THE AGREEMENT:

- You must be admitted to UToledo as a degree-seeking student.
- A consortium agreement will not be processed at UToledo for your first term of enrollment in a degree-seeking status or for your first term of enrollment in a readmit or transfer readmit status.
- Credit hours earned at the host institution must be transferred to UToledo within 15 days after the end of the term. An official transcript must be sent to the Office of Undergraduate Admission at UToledo. Financial aid for subsequent periods of enrollment may be held until the official transcript has been received and reviewed.
- Participation in future consortium agreements will be determined after a review of the term transcripts from both UToledo and the host institution.
- You are required to notify the UToledo Office of Student Financial Aid if you drop or withdraw from any or all of your courses.
- Credit hours taken at both institutions will be used when reviewing your Satisfactory Academic Progress (SAP) as a federal financial aid recipient at UToledo. Please review the SAP policy at utoledo.edu/financialaid/maintain-aid/satisfactory-academic-progress. Zero credit hours earned at either institution will result in immediate suspension of federal financial aid.

WHAT YOU NEED TO DO:

- File a 2025-26 Free Application for Federal Student Aid (FAFSA) if you intend to use any federal or state financial aid for your consortium term.
- Enroll at UToledo and the host institution (see federal financial aid enrollment requirements under "CONSORTIUM AGREEMENT RESTRICTIONS" on page 1).
- Complete PART I (STUDENT CERTIFICATION). Submit PART I to the UToledo Office of Student Financial Aid:

Upload to: myUT.utoledo.edu

"My Financial Aid"

"Financial Aid Documentation Upload"

Mail to: The University of Toledo

Office of Student Financial Aid

2801 West Bancroft Street, Mail Stop 314

Toledo, OH 43606-3390

In person: Rocket Solution Central

1200 Rocket Hall

Fax to: 419.530.5835

- Provide your host institution's financial aid office with PART II for completion. It is your responsibility to ensure that PART II is sent to and received by the UToledo Office of Student Financial Aid.
- Provide your academic advisor with PART III for completion. It is your responsibility to ensure that PART III is sent to and received by the UToledo Office of Student Financial Aid.

THE UTOLEDO OFFICE OF STUDENT FINANCIAL AID AGREES TO:

- Disburse your financial aid.
- Monitor your Satisfactory Academic Progress and attendance.
- Maintain your financial aid records.
- Report information regarding your enrollment and financial aid as required.



2025-26 CONSORTIUM AGREEMENT: PART I STUDENT CERTIFICATION

COMPLETE WITH BLACK INK ONLY.

If you are newly admitted to UToledo, or if you are a transfer or transfer readmit student, you cannot participate in a consortium agreement your first term or your first term back at UToledo. Participation in consortium agreements is limited to three terms. This consortium agreement is valid for ONE term only. You must submit a new agreement if you decide to take courses at a host institution for additional terms.

| Your name: | Your Rocket Number: | | | |
|---|---|--|--|--|
| our street address: | City: | State: | Zip: | |
| Our phone number: | Your major/program: | | | |
| Host institution name: | Term of consortium (circle one): SU25 FA25 SP26 Host institution term end date: | | | |
| Host institution term start date: | | | | |
| Number of credit hours to be taken at host institution during consortium term: | Number of credit hours to be taken at UToledo during consortium term: | | | |
| EGISTERED COURSES AT HOST INSTITUTION: | | | | |
| Subject and Course Prefix Number | <u>Course Title/Name</u> | | Credit Hours | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TUDENT CERTIFICATION: Please certify that you have read and und | derstand the statements below. | | | |
| | | | | |
| I am asking UToledo to include my enrollment hours at my hos | | eligibility for | federal and sta | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. | st institution when determining my | | | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my | st institution when determining my of only enroll in courses that are transform academic advisor at UToledo to conf | erable and ap | oplicable to my | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p | st institution when determining my of only enroll in courses that are transform academic advisor at UToledo to conforogram completion requirements. | erable and ap irm that all co | oplicable to my ourses taken at | |
| financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my | st institution when determining my of only enroll in courses that are transform academic advisor at UToledo to conforogram completion requirements. | erable and ap irm that all co | oplicable to my ourses taken at | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize | o only enroll in courses that are transf r academic advisor at UToledo to conf rrogram completion requirements. inancial aid records for this period will consortium credit hours to establish e | erable and ap irm that all co I be maintain | oplicable to my ourses taken at ed at the UToled lisbursement. | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student acco | st institution when determining my of only enroll in courses that are transformacademic advisor at UToledo to conforogram completion requirements. inancial aid records for this period will consortium credit hours to establish out at UToledo on the scheduled disb | erable and ap irm that all co I be maintain eligibility for d ursement dat | oplicable to my ourses taken at ed at the UTolec lisbursement. ee of the term ar | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student accowill be used first to pay UToledo tuition and required fees. Eligible | st institution when determining my of only enroll in courses that are transformacademic advisor at UToledo to conforogram completion requirements. inancial aid records for this period will consortium credit hours to establish out at UToledo on the scheduled disb | erable and ap irm that all co I be maintain eligibility for d ursement dat | oplicable to my ourses taken at ed at the UTolec lisbursement. ee of the term ar | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree point understand that I will receive financial aid from UToledo and all foffice of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student accowill be used first to pay UToledo tuition and required fees. Eligible will be refunded to me. I understand that it is my responsibility to pay the host institute. | o only enroll in courses that are transform academic advisor at UToledo to conform completion requirements. In ancial aid records for this period will consortium credit hours to establish equity at UToledo on the scheduled disbut erefundable financial aid that creates | erable and ap irm that all co I be maintain eligibility for d ursement dat an excess fin | oplicable to my ourses taken at ed at the UToleo lisbursement. te of the term ar ancial aid balanc | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student acco will be used first to pay UToledo tuition and required fees. Eligible will be refunded to me. I understand that it is my responsibility to pay the host institut timetable. | o only enroll in courses that are transform academic advisor at UToledo to conform completion requirements. In ancial aid records for this period will consortium credit hours to establish e unt at UToledo on the scheduled disbere refundable financial aid that creates in for any balance owed and that | erable and ap irm that all co I be maintain eligibility for d ursement dat an excess fin | oplicable to my ourses taken at ed at the UToleo lisbursement. te of the term ar ancial aid balanc | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student acco will be used first to pay UToledo tuition and required fees. Eligible will be refunded to me. I understand that it is my responsibility to pay the host institut timetable. I will notify both institutions immediately of any changes in my end I will submit to UToledo Office of Admissions an official transcript of | o only enroll in courses that are transform academic advisor at UToledo to conform completion requirements. In an aid records for this period will consortium credit hours to establish e unt at UToledo on the scheduled disbere refundable financial aid that creates in for any balance owed and that crollment status at either institution. | erable and ap irm that all co I be maintain eligibility for d ursement dat an excess fin I am subject | oplicable to my burses taken at ed at the UToleo lisbursement. The of the term are ancial aid balance to their payme | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student acco will be used first to pay UToledo tuition and required fees. Eligible will be refunded to me. I understand that it is my responsibility to pay the host institut timetable. I will notify both institutions immediately of any changes in my entities. | o only enroll in courses that are transform academic advisor at UToledo to conform completion requirements. In ancial aid records for this period will consortium credit hours to establish eart unt at UToledo on the scheduled disbute refundable financial aid that creates in for any balance owed and that crollment status at either institution. In from the host institution for transfer and that if this is not done, financial aid that if this is not done. | erable and ap irm that all co I be maintain eligibility for d ursement dat an excess fin I am subject | oplicable to my burses taken at ed at the UToleo lisbursement. The of the term and ancial aid balanto their payme | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student accowill be used first to pay UToledo tuition and required fees. Eligible will be refunded to me. I understand that it is my responsibility to pay the host institut timetable. I will notify both institutions immediately of any changes in my entity in the sum of the problem of the ficial transcript institution within 15 days after the date the term ends. I understaten enrollment may be held until the official transcript has been received. | o only enroll in courses that are transformacademic advisor at UToledo to conformation completion requirements. Inancial aid records for this period will consortium credit hours to establish out at UToledo on the scheduled disborate erfundable financial aid that creates in for any balance owed and that crollment status at either institution. From the host institution for transfer ond that if this is not done, financial aid red and reviewed. | ferable and ap firm that all co I be maintain eligibility for d ursement dat an excess fin I am subject eredit hours to d for subseque | oplicable to my burses taken at ed at the UToleo lisbursement. The of the term and ancial aid balancto their payme aken at the host ent periods of | |
| I am asking UToledo to include my enrollment hours at my hos financial aid. I may apply for financial aid at only one institution. I am enrolled in a degree-seeking program at UToledo and agree to degree program. I understand that I am required to meet with my the host institution will transfer and are applicable to my degree p I understand that I will receive financial aid from UToledo and all f Office of Student Financial Aid. I understand that certain financial aid programs will not recognize I understand that financial aid will be credited to my student accowill be used first to pay UToledo tuition and required fees. Eligible will be refunded to me. I understand that it is my responsibility to pay the host institut timetable. I will notify both institutions immediately of any changes in my entity institution within 15 days after the date the term ends. I understand | o only enroll in courses that are transformation advisor at UToledo to conformation requirements. In an advisor at UToledo to conformation requirements. In an advisor at UToledo to conformation requirements. In an advisor this period will consortium credit hours to establish out at UToledo on the scheduled disborate refundable financial aid that creates are for any balance owed and that crollment status at either institution. From the host institution for transfer on that if this is not done, financial aid red and reviewed. | erable and ap irm that all co I be maintain eligibility for d ursement dat an excess fin I am subject eredit hours to d for subseque | oplicable to my burses taken at ed at the UTole lisbursement. The of the term a ancial aid balant to their payments aken at the hostent periods of | |

| Student Rocket Number Student Last Nam | tudent First Name |
|--|-------------------|



2025-26 CONSORTIUM AGREEMENT: PART II HOST INSTITUTION FINANCIAL AID CERTIFICATION

COMPLETE WITH BLACK INK ONLY.

TO BE COMPLETED/SIGNED BY HOST INSTITUTION FINANCIAL AID OFFICE:

| Host institution name: | | | |
|---------------------------|---------------------------|-------|-----|
| Term student is enrolled: | Enrollment dates: | FROM: | TO: |
| Number of hours enrolled: | Total Cost of Attendance: | \$ | |
| Tuition/fees: | \$ Room/board: | \$ | |
| Books/supplies: | \$ Transportation: | \$ | |
| Personal/miscellaneous: | \$ Other: | \$ | |

Under this agreement, the host institution agrees to:

- Certify that the student has been accepted for enrollment in an academic program that meets Title IV financial aid eligibility requirements.
- Attach a copy of the student's course schedule and invoice to this form.
- Not award any financial aid to the student in this agreement.
- Provide school-specific consumer information to the student.
- Notify UToledo if the student fails to enroll or withdraws from school.
- Provide UToledo (upon request) with confirmation of the student's course participation.
- · Provide UToledo with the student's official academic transcript upon completion of the agreement period.

This signed agreement acts as a release form for enrollment, financial, and academic information for this student. Your signature verifies that the student is registered for classes and that all information above is accurate.

| Host Institution Financial Aid Signature | | Date | | | | |
|--|-----------|------------|------------------|--------------|------------|-------------------------|
| Printed Name | | | | Telephone Nu | ımber | |
| Printed Title | | | | Fax Number | | |
| E-mail Address | | | | _ | | |
| | TO RETURN | Upload to: | myUT.utoledo.edu | | In person: | Rocket Solution Central |

TO RETURN Upload to: myUT.utoledo.edu In person: Rocket Solution Centra
THIS FORM: "My Financial Aid" 1200 Rocket Hall
"Financial Aid Documentation Upload"

Mail to: The University of Toledo Fax to: 419.530.5835

Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314

Toledo, OH 43606-3390

Questions? Contact Rocket Solution Central at 419.530.8700.

| Student Rocket Number | Student Last Name | Student First Name |
|-----------------------|-------------------|--------------------|



2025-26 **CONSORTIUM AGREEMENT: PART III UTOLEDO ACADEMIC ADVISOR CERTIFICATION**

COMPLETE WITH BLACK INK ONLY.

TO BE COMPLETED/SIGNED BY UTOLEDO ACADEMIC ADVISOR OR ASSOCIATE DEAN:

A consortium agreement allows a student to receive financial aid while concurrently enrolled for courses at UToledo (home institution) and

| another institution (host instituti term, provided the coursework is | | | | | |
|---|---------------|--|------------------------|---|-------------------|
| COURSES | ACCEPTED F | OR THE STUDENT'S DEGREE F | PROGRAM COMPLETI | ON REQUIREMENTS | |
| Host Institutio Course Name and N | | Credit Hours | | Equivalency e and Number | Program Usage* |
| | | | | | |
| | | | | | |
| | | | | | |
| *S = substitution, E = equivalent, R | = required el | ective | | | |
| have reviewed the degree progra completion requirements at UTol | | | d for transfer and wil | count toward the stu | dent's degree |
| Academic Advisor/Associate Dear | n Signature | | Date | | |
| Printed Name | | Department | | Telephone | e Number |
| TO BE COMPLETED/SIGNED B | | CONSORTIUM AGREEME EINSTITUTION FINANCIA O OFFICE OF STUDENT FINA | AL AID CERTIFICAT | TION | |
| Student's Degree Program | | | Student's Combined | Term Credits | |
| Home Institution Financial Aid Sig | nature | | Date | | |
| TO RETURN THIS FORM: | Upload to: | <i>myUT.utoledo.edu</i> "My Financial Aid" "Financial Aid Documentation Up | In persor load" | n: Rocket Solution Cent 1200 Rocket Hall | ral |
| | Mail to: | The University of Toledo | Fax to: | 419.530.5835 | |

Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314

Toledo, OH 43606-3390

Questions? Contact Rocket Solution Central at 419.530.8700.