

## 2026-27 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 2026	May 4, 2026	June 1, 2026
Fall 2026	August 17, 2026	September 14, 2026
Spring 2027	January 4, 2027	February 1, 2027

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 20251103

#### 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 2026-27 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.



# 2026-27 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:	
Your phone number:	Your major/program:			
Host institution name:	Term of consortium (circle one): SU26	FA26	SP27	
Host institution term start date:	Host institution term end date:			
Number of credit hours to be taken at host institution during consortium term:	Number of credit hours to be taken a term:	at UToledo durir	ng consortium	
EGISTERED COURSES AT HOST INSTITUTION:				
Subject and Course Prefix Number	Course Title/Name		<u>Credit Hours</u>	
TUDENT CERTIFICATION: Please certify that you have read and und	erstand the statements below.			
TUDENT CERTIFICATION: Please certify that you have read and und  I am asking UToledo to include my enrollment hours at my hos		eligibility for	federal and sta	
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Date

Student Handwritten Signature (using full legal name)

Student Rocket Number	Student Last Name	Student First Name



# 2026-27 **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:	
Term student is enrolled.	Emoliment dates.	FROIVI.	10.	
Number of hours enrolled:	Total Cost of Attendan	ce:		
		\$		
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	umber	
Printed Title				Fax Number		
E-mail Address				<u> </u>		
	TO RETURN	Upload to:	myUT.utoledo.edu		In person:	Rocket Solution Central

THIS FORM: "My Financial Aid" 1200 Rocket Hall "Financial Aid Documentation Upload"

> Mail to: The University of Toledo 419.530.5835 Fax to:

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



# 2026-27 **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 PRO	GRAM COMPLETIC	ON REQUIREMENTS	
Host Institutio	n		UToledo E	quivalency	Program
Course Name and N	umber	Credit Hours	Course Name	and Number	Usage*
*S = substitution, E = equivalent, R	= required ele	active			
•	•				
cademic Advisor/Associate Dear	ı Signature		ate		
,	J				
rinted Name		Department		Telephone I	Number
O BE COMPLETED/SIGNED B		CONSORTIUM AGREEMENT INSTITUTION FINANCIAL A	AID CERTIFICAT	ION	
Student's Degree Program		Student's Combined Term Credits			
Iome Institution Financial Aid Sig	nature	Di	ate		
TO RETURN THIS FORM:	Upload to:	myUT.utoledo.edu "My Financial Aid" "Financial Aid Documentation Upload	In person:	Rocket Solution Central 1200 Rocket Hall	
	Mail to:	The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop	Fax to:	419.530.5835	

Questions? Contact Rocket Solution Central at 419.530.8700.

Toledo, OH 43606-3390