You must complete this form indicating the name of the Host School you are planning to attend. Read the Important Facts and Financial Obligation; attach the appropriate document(s) and forward to the Office of Financial Aid at Savannah State University. We will send the consortium agreement to the host school.

Section I: Student Information

Savannah State University and: ____________________________ (Host School)

Consortium Period for which you are submitting the agreement for:
☐ Fall 2017    ☐ Spring 2018    ☐ Summer 2018    ☐ Fall 2018    ☐ Spring 2019    ☐ Summer 2019

Section II – Important Facts
(After reading each statement, initial the blank to the left)

☐ You must be degree-seeking at Savannah State University and meet all of the eligibility requirements for approval for transient/study abroad study, as determined by the Office of the Registrar and Office of Financial Aid.

☐ You must be registered for the approved courses appearing on the SSU Registrar Transient Request Form.

☐ You must attach to this agreement legible copies of your completed, signed and approved SSU Registrar Transient Request Form for each term you are transient/study abroad.

☐ You MUST submit academic transcripts to the Office of the Registrar. All financial aid recipients including HOPE Scholarship recipients will be placed on hold for future semesters until academic transcripts are submitted from the host institution for the term attended.

Section III – Financial Obligation
(After reading each statement, initial the blank to the left)

☐ Only Savannah State University will process qualified financial aid for eligible Savannah State University degree-seeking students participating in transient/study abroad study.

☐ You are responsible for paying fees to the Host School if due prior to the disbursement of your Financial Aid.

☐ You may be required to repay certain financial aid funds should you drop or withdraw from any classes while transient/study abroad.

Student Statement of Compliance

I have read and clearly understand my rights and responsibilities as stated above. I have initialed all of the boxes completed Section I of this agreement. I have attached legible copies of my signed and approved Transient/Letter of Good Standing Form.

________________________________________________________________________
Student Signature                                      Date
Section IV – Cost of Education
(Completed by the Host School)

It is agreed that only Savannah State University will award financial aid to the student and will be responsible for determining refunds and repayments resulting from the student’s withdrawing from classes.

The Host School will not provide financial aid to the student for the period indicated. The host school agrees to verify the student’s enrollment and continue eligibility for funds prior to disbursement. Savannah State University will disburse financial aid to the student only after we receive certification from host institution. Certification must be sent to the address (i.e. mail or email) shown below.

The Host School agrees to notify Savannah State University if the student ceases enrollment prior to the end of the term(s) indicated or drops below 6 credit hours.

Term of Enrollment:  □ Fall 2017  □ Spring 2018  □ Summer 2018  □ Fall 2018

The period of enrollment begins on ____________________ and ends on ____________________.

Tuition & Fees $ __________________
Room & Board $ __________________
Transportation $ __________________
Miscellaneous $ __________________
Books & Supplies $ __________________
Total Cost $ __________________

Savannah State University
Name of Host School
Financial Aid Authorized Signature
Contact Person (Print)
Address
City, State and Zip
E-Mail for Contact Person
Date

Return this agreement to:
Office of Financial Aid
Savannah State University
Box 20523
3219 College Street
Savannah, GA 31404
Phone: 912-358-4162
finaid@savannahstate.edu

@savannahstate.edu
Email
Phone

Print Name and Title