2008-2009 (CAG) Consortium Agreement for Transient Study

Office of Financial Aid · 4202 East Fowler Avenue, SVC 1102 · Tampa, Florida 33620-6960 · (813) 974-4700 · www.usf.edu/finaid

Name: _____ USF ID: U ____ ____ ____ ____ ____ ____ ____ ____

Date of Birth: ____ ____ / ____ ____ / ____ ____ ____ ____

IMPORTANT: This form must be completed (including any attachments) and submitted to Financial Aid immediately, but no later than: November 14, 2008 for fall 2008 April 3, 2009 for spring 2009 July 17, 2009 for summer 2009

Instructions: Students must execute this Consortium Agreement if they want to receive their financial aid from USF while enrolled in transient study. Transient study refers to a USF student who is enrolled for zero hours at USF while enrolled at least half-time (6 credit hours for undergraduate students, 5 credit hours for graduate students) at another institution. If you will be enrolled at USF for any number of credit hours while enrolled at another institution, you are not considered transient and this agreement will not be processed.

To be considered, you must meet the following criteria:

1. You must be degree seeking at USF and in good academic standing.
2. You must have successfully completed at least one term of enrollment at USF.
3. You must have been enrolled at USF in any of the last three terms.
4. You must be approved for transient study by a USF academic advisor.
5. Your transient course credits must transfer back towards your USF degree.
6. You must have a complete financial aid file on record with USF.

If you meet ALL of these criteria, complete Section A of this agreement.

Section A: (To be completed by the student)

Part 1: This agreement is for (choose only one term): ☐ Fall 2008 ☐ Spring 2009 ☐ Summer 2009
(A separate agreement is required for each term you will be transient.)

Part 2: Write the name of the Host Institution: _____

Part 3: Read and sign the Statement of Compliance for Financial Aid Students:

I understand that:

1. I must meet ALL the criteria listed above under Instructions.
2. Only USF will process my financial aid.
3. My financial Aid will not disburse prior to the end of USF's drop/add period.
4. State of Florida funds (Bright Futures, FSAG, etc.) will not disburse if you attend a non-Florida institution.
5. I am responsible for paying fees to the Host Institution, if due prior to receipt of my financial aid.
6. All transient course credits must transfer back toward my USF degree.
7. I am responsible for requesting an academic transcript from the Host Institution be sent to USF at the end of my term of alternative enrollment. All credits (except non-credit remedial) taken at another school will not count as earned until my official transcript from the Host Institution has been received and processed by USF. Failure to have these credits processed will result in a delay of any future financial aid disbursements.
8. I may be required to repay funds from certain financial aid programs, if I drop or withdraw from my transient courses. (Incomplete and missing grades will be treated as unofficial withdrawals.)

Statement of Compliance for Financial Aid Students: My signature below confirms that I am a financial aid applicant who has read and clearly understands the requirements for transient study and my responsibilities as a participant. I understand that it is my responsibility to ensure that all sections of this agreement are signed and completed by the appropriate persons or the agreement will be considered invalid and returned to me.

_____ _____
Student Signature Date

STOP! *This agreement is not valid if you return it to our office prior to the end of the Host Institution's drop/add.*

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Name: _____ USF ID: U ____ ____ ____ ____ ____ ____ ____ ____

Date of Birth: ____ ____ / ____ ____ / ____ ____ ____ ____

Section B: (To be completed by a USF Academic Advisor Only)
Part 1: Answer the following:

1. This agreement is for (choose only one term): ☐ Fall 2008 ☐ Spring 2009 ☐ Summer 2009
2. Is this student classified as a degree seeking student at USF? ☐ Yes ☐ No
3. Has the student been enrolled at USF in any of the last 3 terms? ☐ Yes ☐ No
4. Is this student eligible to register at USF for this term? ☐ Yes ☐ No
5. Is this student classified as Florida resident? ☐ Yes ☐ No

If you answered 'No' to either question 2 or 3 in Part 1, DO NOT sign this agreement.
This student is not eligible for financial aid administered by USF.

Departmental Stamp

Part 2: Check the appropriate box:

☐ This student has elected, without my recommendation, to enroll in the courses listed below.
☐ I have recommended that this student enroll in the courses listed below for the following reason:

(DO NOT LEAVE BLANK): _____

Part 3: List the transient courses you have approved for this student. Indicate whether the credits will transfer back towards the student's USF degree.

Prefix and Number	Course Title	Credits	USF Equivalency	Apply Towards Graduation?	Remedial
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Academic Advisor Certification Statement: By signing this agreement, I certify that the above information is correct and I have approved the student to enroll in _____ (number) courses for a total of _____ (number) credit hours.

_____ USF Academic Advisor Signature and Date

_____ Print Name, Title and Department

STOP! *This agreement is not valid if you return it to our office prior to the end of the Host Institution's drop/add.*

Section C: (To be completed by the Host Institution's Financial Aid Office after their first week of drop/add.)

Part 1: Your institution's Federal School Code: _____ Is this a Florida institution? ☐ Yes ☐ No

Part 2: Of the courses listed in Section B, Part 3 (above), this student is actively enrolled in:

Prefix and Number	Course Title	Credits	Start Date	End Date	Correspondence?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Part 3: Student's total tuition and lab fees charge: $_____

Part 4: Your institution's full-time cost of attendance for one term only (DO NOT LEAVE BLANK):

Tuition & fees: $_____ Room & Board: $_____ Books & Supplies: $_____

Transportation: $_____ Other: $_____

Part 5: Institutional/Private aid received: $_____

Statement of agreement between USF and the Host Institution: I certify that our drop/add period has ended and agree to notify USF if this student withdraws from any of the courses listed above. To prevent duplicate payment of federal Pell Grant, FSAG and Florida Bright Futures, I agree that only USF will process federal and state financial aid for this student. I agree that only USF will determine refunds or repayments from this student should they withdraw from classes. USF will be responsible for monitoring this student's satisfactory academic progress.

_____ Host Institution Financial Aid Officer Signature and Date

_____ Print Name and Title

RETURN THIS AGREEMENT TO THE USF OFFICE OF FINANCIAL AID (*address on front*)

USF UNIVERSITY OF SOUTH FLORIDA