BGSU^{Office of} **Student Financial Aid** and Scholarships

BOWLING GREEN STATE UNIVERSITY

Terms and Conditions

To receive federal financial aid for the course(s) taken at a host institution; under a consortium agreement, the following terms and conditions must be met.

- 1. The student must, (initial next to the terms)
 - Be enrolled in a degree, certificate, or recognized credential program at BGSU (Students in eCampus or Distance Campus programs do not qualify)
 - _____ Be meeting Satisfactory Academic Progress
 - _____ Be maintaining a 2.0 CGPA or higher
 - Enroll in at least 6 credit hours at BGSU during the consortium enrollment period *Exceptions:
 - Graduate students must enroll in a minimum 4 BGSU credit hours
 - Co-operative Education students are not required to enroll in additional courses beyond required cooperative education course registration
 - Summer students are not required to enroll in BGSU courses if all other criteria have been met
 - SFA Director approval of specific program/coursework
 - _____ Have earned a passing letter grade (A, B, C, D) in a minimum of 12 BGSU credit hours
 - ____ Not exceed 3 semester limit of consortium agreements
 - Have a valid 2024-2025 FAFSA on file with BGSU Student Financial Aid Office (SFA)
 - _____ Not owe a past due balance in student account

2. If the student meets the above criteria, the student must,

• Complete steps 1 and 2, obtain the required signatures for steps 3 and 4, and submit this form to BGSU SFA by the listed deadlines.

Deadline for Submission:

Summer Semester	-	June 26, 2024
Fall Semester	_	September 5, 2024
Spring Semester	_	January 22, 2025

Note: Financial aid disbursements will be delayed until all steps have been completed and received by

SFA. Completed forms may be uploaded at: <u>https://sfa.bgsu.edu/upload</u> or faxed to: (419) 372–0404.

- Attach a copy of their schedule from the Host Institution to this document.
- Notify BGSU SFA of any changes in enrollment at either the Host Institution and/or BGSU. This includes failure to begin a course, drop, or withdraw from any of the approved courses under this agreement.
- Inform BGSU SFA and Registration & Records Offices if there is a substitution for any course approved under this agreement.
- Pay all tuition, fees, and other expenses as charged by BGSU or the Host Institution. This includes making payment arrangements with both schools until financial aid is made available.
- Provide BGSU SFA with a copy of their final transcript or grade report from the host school upon completion of the semester; but **no more than 14 days** after the end of the semester covered by this agreement. Failure to do so will result in the removal of all awarded financial aid under this agreement. The student will be required to return any funds awarded and may be denied approval to participate in any future consortium agreements.
- Send Official Transcript from Host Institution to BGSU to transfer the class to their BGSU degree program.

Step 1 – Student Contact and Course of Study Information

	Student Name (Last, First, M.I.)			Phone Number	
	Na	me of Host Insti	itution		
Host School ID #	ol ID # Credit Hours Enrolled at Host Institution Credit Hours at BGSU		dit Hours at BGSU	BGSU ID Number	
Term of enrollment:	Summer 2024		🗌 Fall 2024	Spring 2025	
Host Institution Cou	urse Number and Name	Credit Hours	BGSU Course	Equivalency	Credit Hours
Step 2 – Student Ce	rtification and Signature				

By signing below, I certify that I will abide by the terms and conditions of this consortium agreement and understand my financial aid eligibility will be adjusted accordingly based on my enrollment at both BGSU and the Host Institution. I further understand that I am responsible for notifying BGSU of any enrollment changes as well as for paying my tuition and fees by the due date(s) at each institution regardless of the status of this agreement. **MUST BE A WET SIGNATURE – Electronic signatures will not be accepted.**

Student Signature	Date			
Step 3 – BGSU Academic Advisor Certification				

By signing below, I certify that I have reviewed the course(s) of study for the student named above and confirm that the Host institution's course(s) are required for and will be applied toward the student's degree, certificate, or other recognized credential program.

Academic Advisor Name		College/Department
Academic Adviso	r Signature	Date
Step 4 – Host Institution Financial Aid Ce	rtification	
By signing below, I certify that I have review confirm that they have enrollment at our ins student and agree to share information abo Financial Aid. Semester Quarter Credit Hours Enrolled	stitution. In addition, we will No out this student's enrollment as	OT process financial aid for this
Financial Aid Office Staff Name	Phone Number	Email
Financial Aid Office Staf	ff Signature & Title	Date