**GUEST STUDENT PROCEDURES**

If you are obtaining a degree from The University of Akron and wish to attend another institution as a guest, THE UNIVERSITY OF AKRON as the “home institution” will disburse your financial aid. You can only receive financial aid from one institution. **PRIOR TO PROCESSING,** you must provide this office with the following:

___ All FAFSA data, loan applications and/or Summer Aid Application.

___ Ad Hoc Consortium Agreement. You must complete and sign section I of the form.

___ Transient permission from the Dean of the appropriate college at The University of Akron, approving the visiting work. The consortium forms will then be sent to the visited institution upon approval by the Office of Student Financial Aid.

___ A copy of registration at the host school.

___ If you will be participating in a Study Abroad Program as a guest, you must also submit official, documented program costs from the institution sponsoring the program.

---

**If you are attending The University of Akron as a guest, you should contact your home institution for disbursement**

---

**IMPORTANT NOTES**

College Work Study and University of Akron scholarships will not be available during the guest term.

You must maintain Standards of Satisfactory Progress. To calculate this progress and continue receipt of Federal Financial Aid, you must submit a copy of your grade transcript at the end of your guest term.

**IF YOU HAVE A STUDENT LOAN, YOU MUST REQUEST ENROLLMENT VERIFICATION FROM THE INSTITUTION YOU WILL BE ATTENDING.**

Your funds will be disbursed to YOU according to The University of Akron disbursement dates.

**COMPLETION OF THIS AGREEMENT DOES NOT ASSURE PAYMENT OF FEES!**

**IT IS YOUR RESPONSIBILITY TO BE SURE YOUR FEES ARE PAID ON TIME.**
Ad Hoc Consortium Agreement

Between ___________________________ and ___________________________

(Home Institution) (Host Institution)

Section I – To Be Completed By The Student

Name      _____________________________       Soc. Sec.# ______________________ ID #_________________
Address   _____________________________       Phone #   ____________________________________________
_____________________________       E-Mail  Address _______________________________________

Transient Term _____________________                semester / quarter                        Year_________________

Host Institution Information

Address   __________________________________       Phone #  _________________________
__________________________________       Fax #      _________________________

Financial Aid Contact _________________________________

Under this consortium agreement, I understand I must:

1. Be enrolled in a degree, certificate, or other recognized credential program at The University of Akron.
2. Maintain Satisfactory Academic Progress as required by The University of Akron. (view policy at, www.uakron.edu/finaid)
3. Immediately notify The University of Akron’s Student Financial Aid Office of any change in enrollment status at the Visited School, including withdrawing from all courses or substitution of approved courses.
4. Submit a copy of the Transient Permission Form, completed and signed by the dean of my college.
5. Register for the courses approved on the Transient Permission Form.
6. Provide a copy of my schedule at the Visited School.
7. Pay all tuition, fees and other charges at the Visited School according to their payment schedule.

By my signature below, I understand that I can only receive financial aid from one institution during each term, and if I do not comply with the above requirements, I will not be in compliance with the federal regulations as set forth by the United States Department of Education. Non-compliance may result in reduction or cancellation of my financial aid.

_____________________________  ____________________
Student’s Signature      Date

ad hoc side 1