



2121 Euclid Ave. RT 917
 Cleveland, OH 44115
 Phone: (216) 687-3910
 Fax: (216) 687-3965
 www.csuohio.edu/csuea

Consortium Agreement for Study Abroad

A consortium agreement is a contract between the student, Cleveland State University and the visiting school. The agreement permits the Cleveland State University Financial Aid Office to process student aid based on the combined registered hours at both schools for the semester. **Please return this form no later than 15 business days prior to the start of the semester at CSU for which you are enrolling.** You are required to **submit a copy of your grades at the end of this term from the school listed below** before any future financial aid disbursements will occur.

I. Student Information & Agreement:

Under this consortium agreement, I understand: I must be enrolled in a degree-seeking program, be registered for at least six hours at CSU to report deferment eligibility to my guarantor / lender and receive campus-based awards. This agreement will not be honored after the published drop / add dates. I will notify the Financial Aid Office of enrollment changes. If a change of enrollment occurs, my aid may be adjusted and I will be billed. My financial aid will be calculated on the combination of registered hours at both schools. If I am entitled to a refund check, the Office of Treasury Services will mail the check to my home address. It is my responsibility to make payment arrangements with the host school.

Name of Student

Student ID Number

Street Address

City State Zip

Phone No.

Email Address

Year/Academic Level (Undergraduate, Graduate, Law, etc)

Graduation Date

Signature of Student

Date Signed

Student completes section I and the Center for International Services and Programs completes sections II & III

II. CSU Study Abroad Advisor-Related Information:

Term of Study Abroad: Fall Spring Summer Academic year: _____

Type of Program: Affiliate Reciprocal Exchange Program Faculty-led Program Abroad

List of Course(s) the Student will take at the host school that are transferable to his/her program at CSU and their CSU equivalent:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

The above Course(s) will be acceptable for transfer and will count toward the student's degree requirements at CSU.

Signature of Study Abroad Advisor

Date Signed

Telephone No.

Email Address



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Consortium Agreement for Study Abroad (Cont.)

II. Host School's Financial Aid Office-Related Information:

Under this Consortium Agreement, the Host School agrees not to award any financial aid.

_____ Begin/End Dates of Enrollment	_____ Term	_____ Hours Registered
_____ Tuition/Fees	_____ Room/Board (Commuter)	_____ Books & Supplies
_____ Personal Expenses	_____ Transportation Costs	_____ Other Costs
		_____ Total Cost
_____ Officer's Printed Name & Title	_____ Email Address	_____ Telephone Number
_____ College or University's Name	_____ Street Address	_____ City, State, Postal Code
_____ Signature of Financial Aid Officer		_____ Date Signed

Please submit to: Cleveland State University, Financial Aid Office
2121 Euclid Avenue, Cleveland, OH 44115
(f) 216-687-9247
fao@csuohio.edu

For In-person inquiry, please visit Campus 411, MC 116.
<http://www.csuohio.edu/financialaid>
Phone: 216-687-5411