



Office of Financial Aid
 Box 20523, 3219 College Street
 Savannah, Ga 31404
Finaid@savannahstate.edu
 Phone: 912-358-4162



Student's Name: _____
Last First

SSU ID: **915** _____

SSU Email Address: _____ @ student.savannahstate.edu Phone: _____

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:
 Spring 2019 Summer 2019 Fall 2019 Spring 2020

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

Student's Name: _____
Last First

SSU ID: **915**

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: Spring 2019 Summer 2019 Fall 2019 Spring 2020

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

Tuition & Fees	\$ _____	Credit Hours Enrolled:	_____
Room & Board	\$ _____		
Transportation	\$ _____		
Miscellaneous	\$ _____		
Books & Supplies	\$ _____		
Total Cost	\$ _____		

Name of Host School

Financial Aid Authorized Signature

Contact Person (Print)

Address

City, State and Zip

E-Mail for Contact Person

Savannah State University

Name of Home School

Financial Aid Authorized Signature

Print Name and Title

@savannahstate.edu
Email

Phone

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