



CONSORTIUM AGREEMENT 26-27 TRANSIENT STUDENT

Student Last Name	Student First Name	MI	Walsh Student ID Number
Student Walsh Email address		Student phone number	

I will be a transient student at _____ during the _____ semester.

I understand that I will follow the terms of the consortium agreement and that I must be enrolled 6 credit hours to receive federal loans. I understand that I am responsible for notifying Walsh university if there is any change to my enrollment status at either institution. I understand that the course(s) I take at the Host Institution must be required for completion of my degree at Walsh university per the course description book. I authorize the Host institution to release any required information to finalize my financial aid at Walsh University and allow the Host institution to speak with Walsh representatives concerning my balance or status. I understand that my aid will be paid to my account at Walsh and that I am fully responsible for ensuring all fees are paid in full to the Host Institution by their established deadline. I understand that I am responsible for submitting an official transcript to Walsh from the Host institution confirming completion of the course(s) for the term attended.

I have attached the following documentation:

- ☐ Transient Form approved by Walsh Academic Advisor
<https://www.walsh.edu/uploads/transient-student-authorization-18-v2.pdf>
- ☐ Schedule of course registration from Host Institution
- ☐ Bill or Statement of Charges from Host Institution

Student Signature

Date

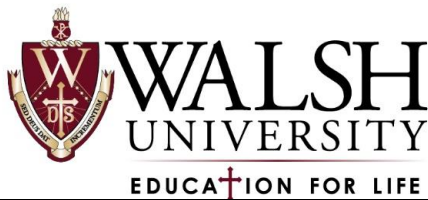
Walsh University Financial Aid Office only

Student Hours at Walsh

All Documents Received

Walsh FA reviewer

STUDENT SERVICE CENTER



Page below to be completed by Financial Aid Office at Host Institution

The student Listed on this form is seeking a degree or certificate from Walsh University and plans to enroll at the Host Institution listed. This Consortium Agreement will allow Walsh to disburse financial aid based on the student's combined enrollment at both institutions. Walsh is responsible for determining eligibility of award, disbursing aid, monitoring academic progress, keeping records, returning funds, and reporting federal requirements. Once Walsh fees are paid, Walsh will refund any excess financial aid to the student. The student is responsible for payment of all charges at the Host Institution.

The Host Institution will notify Walsh if the student withdraws or drops below the required enrollment and will not process any financial aid during the above period of enrollment.

Please initial that you have read this section. _____

Host Institution Name: _____

Enrollment Term(s): Fall_____ Spring_____ Summer_____

Dates of Enrollment: From _____ to _____ Total Number of Hours Enrolled: _____

Please list the Cost of Attendance amounts for the term the student is attending.

Tuition		Fees	
Books & Supplies		Transportation	
Misc.			

Host Institution Administrator Name (PRINTED)

Phone number

Email

Host Institution Administrator Signature

Date

Please return documents to Walsh university Student Service center by Mail, email at studentservicecenter@walsh.edu, or fax 330-4907367.

STUDENT SERVICE CENTER

2020 East Maple Street • North Canton, OH 44720 • 330.490.7367 • www.walsh.edu