


SECTION III – To be read and signed by the student:

STC2

By signing this contract I am agreeing to the following terms:

- ✓ I am asking Franklin University to include my enrollment hours at my host institution for Federal, state, and other financial aid eligibility at Franklin University. I may only apply for financial aid at one institution. I will cancel pending aid at my Host school.
- ✓ Ohio College Opportunity Grant (OCOG) is subject to reduction or cancelation pending confirmation of tuition/general fees at both schools.
- ✓ Financial Aid will be applied to your account based on Franklin University’s regular term schedule. Visit www.franklin.edu/disbursing to view scheduled disbursement dates. **The financial aid award year at Franklin begins with the Summer 2017 term and ends with Winter 2018 term.**
- ✓ I agree to authorize my host institution to release any enrollment, academic grade, and tuition related information to Franklin University for the award year.
- ✓ I agree to only enroll in courses that are transferable and/or applicable to my degree program.
- ✓ I will notify Franklin’s Financial Aid Office of any changes in enrollment (adding/dropping classes) at my Host school.
- ✓ I realize that Franklin will not process a Student Contract for any more than 2 different Community Colleges per award year.
- ✓ I understand that I am subject to all policies in the Franklin University *Academic Bulletin*, including the Financial Aid Standards of Satisfactory Academic Progress.
- ✓ **I am required to send an official transcript to Franklin University’s Transfer Credit Office at the conclusion of each term that I was enrolled at my host institution for which Franklin processed a Student Contract. Failure to submit official transcripts may cause a reduction or cancelation of aid for the term in which grades were not submitted, and will prohibit aid from being processed for subsequent terms.**
- ✓ If I incur a balance for the prior term at Franklin, this Contract will be canceled until prior term balance is paid.
- ✓ I have read and understood the terms of the Consortium Agreement between my host institution and Franklin University. This Student Contract is hereby made part of that Consortium Agreement.
- ✓ **It is my responsibility to pay my host institution or set up payment arrangements for any balance owed. My financial assistance will be applied to my balance at Franklin University first and any refund will be sent directly to me.**


Student sign here _____ Franklin Student ID _____ Date: _____

SECTION IV - To be completed by the Host Institution for community college hours of enrollment and aid disbursement

I, the host institution representative, agree that by signing this contract I am agreeing to the following terms:

- ✓ This signed agreement acts as my release form for any academic grade, financial aid, transcript or balance related information on this student.
- ✓ I understand that any terms enrollment included on this form is **INTENDED** and I agree to release actual enrollment information to Franklin University upon request and changes of enrollment within 30 days for the term in which a Student Contract is processed.
- ✓ Franklin University will process all financial aid for this student for the terms outlined below and on the front of this contract.
- ✓ I agree to all other terms noted in the Blanket Agreement and Addendum already in place between my institution and Franklin.
- ✓ I have provided this student’s status with our institution below:

Please check next to the appropriate information for this student:

- ___ My institution did not award financial aid for this student for the financial aid award year of 2017-18.
- ___ If my institution did award financial aid for this student for the financial aid award year of 2017-18, It has all been canceled.
- ___ My institution awarded financial aid and I am listing all aid below. If aid was canceled for any terms, write canceled in the boxes for that term. Also please indicate any scholarships, BVR, state or federal aid this student receives.
- ___ My institution offers a payment option for students participating in a consortium agreement.

Financial Aid Type	Summer 17 & amount	Fall 17 & amount	Winter 2018 & amount	Spring 2018 & amount (if quarter school)

Host FA Representative Signature _____ **Date:** _____

↗ **Host Institution forward this completed form to:**
 Financial Aid • Franklin University • 201 S. Grant Ave • Columbus, OH • 43215
 Fax: 614.255.9478 Email: finaid@franklin.edu

Franklin FA Signature _____ **Date:** _____ 1.17.17