



**Student Financial Aid Office**  
University of Cincinnati  
PO Box 210125  
Cincinnati, OH 45221-0125  
(513) 556-1000  
(513) 556-9171 fax  
<https://financialaid.uc.edu/>

## Financial Aid Contractual Agreement with Foreign Schools Ineligible to Award or Accept Title IV Funds

Between the University of Cincinnati and (Host Institution) \_\_\_\_\_ this contractual agreement is entered into for the purpose of establishing conditions under which the University of Cincinnati can award and process financial aid to a student attending a Title IV-ineligible institution. For the purposes of this agreement, the University of Cincinnati (UC) will be known as the home institution and the school to be visited by the student will be known as the host institution.

### TO BE COMPLETED BY THE STUDENT

Name \_\_\_\_\_

Student UCID: M# \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Check:



Study Abroad

Attending non-U.S. school; not utilizing a Title IV-eligible school or program

Circle One\*

Home/Degree Granting Institution University of Cincinnati (UC) Aid? Y N

Host/Visited Institution \_\_\_\_\_ Aid? Y N

Period of Attendance \_\_\_\_\_ to \_\_\_\_\_

\*I realize I can only receive Title IV aid from UC and that ***I am responsible for any fees at all institutions*** not covered by my financial aid. It is my responsibility as the student to ensure that my aid is in order prior to billing due dates if I expect aid to cover all or part of my fees. Further, I understand I must comply with all home and host institutions' academic and financial policies to include ***submission of official academic transcripts for the period of attendance***. Failure to provide transcripts will limit aid eligibility for future terms.

Signature **Only** (Don't Print Name) \_\_\_\_\_ Date \_\_\_\_\_

*This agreement should be completed by the student, academic advisor, and host institution before being submitted to home institution.*

### TERMS OF THE AGREEMENT

The above-named individual is a degree-seeking, regular student enrolled in an eligible program of study at the University of Cincinnati. The University of Cincinnati has given academic permission to take course work at the host institution and agrees to give credit for the course work on the same basis as if taken at the home school. The University of Cincinnati further agrees to the following: report enrollment information to NSLDS, establish the total cost of the student's attendance with information provided by the host institution, confirm that the student remains eligible for Title IV funds at the time of disbursement, disburse Title IV funds, notify student of and monitor satisfactory academic progress, include the student on the FISAP, define the applicable refund required consumer information, and keep any and all required records.

The host institution agrees to the following: confirm the student's enrollment on the University of Cincinnati's Verification of Overseas Enrollment form or by other means after classes have started, notify University of Cincinnati of any changes in student's enrollment status, provide information about the student's cost of attendance, provide an academic transcript at the completion of the student's enrollment, make available required student consumer information, and maintain any and all required records.

This document has been drawn up to comply with all pertinent federal, state and University of Cincinnati regulations.

## TO BE COMPLETED BY THE HOST INSTITUTION

Term/Semester of enrollment: (Mark with an X)  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Academic year: \_\_\_\_\_

Tuition (**ONLY**): \$ \_\_\_\_\_

Program Start Date (MM/DD/YYYY) \_\_\_\_\_

Fees (**ONLY**): \$ \_\_\_\_\_

Program End Date (MM/DD/YYYY) \_\_\_\_\_

Tuition and Fees **TOTAL**: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

Total Hours Enrolled \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Status (circle one): FT 3/4 1/2 Less

\_\_\_\_\_  
School Name and Address

\_\_\_\_\_  
Representative  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail

( ) \_\_\_\_\_  
Phone

( ) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Date

## TO BE COMPLETED BY THE UNIVERSITY OF CINCINNATI

Term/Semester of enrollment: \_\_\_\_\_

Academic year \_\_\_\_\_

Student's academic status: FR SO JR SR GR

**The University of Cincinnati**

**PO Box 210125 Cincinnati, OH 45221-0125**

\_\_\_\_\_  
School Name and Address

\_\_\_\_\_  
Financial Aid Representative Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

sfao-stab@ucmail.uc.edu  
E-mail

(513) 556-1000  
Phone

(513) 556-9171  
Fax

\_\_\_\_\_  
Date

*This agreement must be complete and on file before any funds are released.  
Because the host institution is not eligible to award/receive Title IV funds, all eligible funds will be paid to the student.  
It is the student's responsibility to meet payment obligations with the host institution.*