

Consortium Agreement Contract

Purpose of this Form: A Consortium Agreement is necessary for students enrolled in degree-seeking programs at UMUC (Home school) to receive financial aid while temporarily attending another accredited higher education institution (Host school). The agreement allows UMUC to disburse financial aid based on combined enrollment at both institutions. **Each consortium agreement is only valid for the specific semester indicated.**

Conditions of this Agreement: Students are not permitted to receive federal or state financial aid through more than one institution at the same time. By completing this consortium agreement, the Host school agrees to defer to UMUC and not process any federal or state aid in your name.

Eligibility Requirements: To be eligible for a consortium agreement, you must have completed a FAFSA, meet all federal aid requirements, meet Satisfactory Academic Progress (SAP), and the courses taken at the Host school must qualify for transfer towards your current degree program at UMUC. If your Host school refuses to complete the consortium agreement, there is no appeal process.

Disbursements: Your financial aid will be disbursed at UMUC according to federal and state regulations and institutional policies. Funds are not transferred from one school to another; if your charges at the Host school are due before you receive your aid refund from UMUC, it is your responsibility to pay them by other means. We strongly encourage you to contact the other institution to discuss payment deadlines and options. **Students are responsible for payment of all charges at their Host schools.**

Enrollment: You must notify UMUC Financial Aid if you drop or withdraw from any courses at the Host school. When your enrollment level changes, UMUC is required to review your aid eligibility and, if necessary, adjust it according to the Department of Education’s Return of Title IV Funds requirements. You may lose eligibility for some or possibly all of your initial financial aid disbursement, creating a balance due. When you notify the Financial Aid Office of enrollment changes, include the names of the courses in question, their scheduled start and end dates, and the date(s) you dropped or withdrew from them.

In order for a UMUC Consortium Agreement to be approved, **all** of the following must be submitted to the UMUC Financial Aid Office for processing by the last day of classes.

Completed	Required Task
	1. Complete a FAFSA for the correct academic year. Be sure to use UMUC’s federal school code, 011644.
	2. Submit your completed <i>Consortium Agreement Contract</i> , which must be filled out and signed by both you and the Host Institution’s financial aid office.
	3. Provide the UMUC Financial Aid Office with a copy of your completed <i>Permission to Enroll</i> form, approved and signed by the UMUC Degree Audit Team.
	4. Provide the UMUC Financial Aid Office with a copy of your Class Schedule from the Host Institution. It must show the start and end date for each course taken.

Please return completed documents to UMUC Financial Aid by submitting them in a case via help.umuc.edu.

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Instructions: Please complete Section I of this form before forwarding it to the Host Institution for completion of Section II. Consortium agreements are valid only for the specific period indicated. A separate agreement is required for each individual academic term.

Section I: STUDENT INFORMATION (To be completed by the Student)

Name of Student: _____ UMUC Student ID:

Name of Host Institution: _____ Host Student ID: _____

Consortium Period Calendar year: 20____ Academic term: [select one] Summer Fall Spring

Course(s) to be taken at Host Institution: _____

Student Certification: By signing this agreement, I attest that the courses listed above are intended to count towards completion of a degree or certificate program at University of Maryland University College (UMUC). I understand that I am responsible for paying any tuition, fees or other expenses incurred at both schools. I agree to inform the UMUC Financial Aid Office of any changes in enrollment and acknowledge that I am responsible for providing UMUC with an official transcript from the Host Institution at the conclusion of the consortium period. **I authorize the Host Institution to confirm my enrollment and to provide UMUC with the information requested in Section II below.**

I, the Student, agree to:

- Complete the *Permission to Enroll at Another Institution* form to confirm that permission to take courses at the Host Institution was officially granted by UMUC Academic Advising.
- Notify the UMUC Financial Aid Office of any changes in my enrollment level at either school.
- Authorize the Host Institution to release any information required to finalize my financial aid at UMUC.
- Take responsibility for payment arrangements at the Host Institution.
- Have all of my federal and state financial aid processed only at UMUC for the duration of the Consortium Period.
- Submit an official transcript to UMUC no more than 30 days after the end of my classes at the Host Institution.

Student Signature: _____ Date: _____

Section II: HOST INFORMATION (To be completed by the Host Institution)

The student listed above is seeking a degree or certificate from UMUC and plans to enroll at your Host Institution. The student wishes to use financial aid funds to help cover the course(s) listed as part of their Consortium Agreement. As the student's Home Institution, UMUC will be responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and reporting federal requirements. This Consortium Agreement will allow UMUC to disburse financial aid based on the student's combined enrollment at both institutions. Once any balance due UMUC has been paid, UMUC will refund any excess financial aid to the student. **Funds are not transferred from one school to another; the student is responsible for payment of all charges at the Host Institution.** The Host Institution agrees to provide UMUC with the following information.

Name of Host Institution: _____
Enrollment Period: Summer 20____ Fall 20____ Spring 20____
Dates of Enrollment: from _____ to _____ (MM/DD/YY) (MM/DD/YY)
Number of Credits Enrolled In: _____

Tuition:	\$ _____
Fees:	\$ _____
Room and Board:	\$ _____
Books and Supplies:	\$ _____
Miscellaneous:	\$ _____
Total Cost of Attendance:	\$ _____

Host Institution Certification: The Host Institution agrees NOT to process federal student aid for the student named in Section I.

_____ Name and Title of Authorized Official	_____ Signature <i>(must be signed by hand, not typed)</i>	_____ Date
_____ E-mail Address	_____ Telephone Number	