Student Financial Aid Consortium Agreement:

• Consortium agreements are a binding agreement between schools which enables a student to receive federal aid from The University of Alabama while being enrolled as a visiting student at another school. The university from which a student intends to earn a degree is called the ‘home institution’, while the other school is considered to be the ‘host institution’.

• Students should complete a consortium agreement even if they have at least six enrollment hours at UA during the term of the agreement, because they may be entitled to receive additional financial aid based on the combined credits at both schools. If the student withdraws or drops below half time they may lose eligibility for some or all of the awarded financial aid.

• This consortium agreement may be denied if the classes can be taken at UA, you have used a consortium for multiple semesters or you are not meeting satisfactory academic progress standards.

There are four sections to the agreement, all of which must be completed in full before the agreement can be processed, as indicated in the document following.

Student Checklist:

___ Complete Section I of the agreement.
___ Meet with your academic advisor or department representative to have Section II completed.
___ Make sure you are meeting Satisfactory Academic Progress requirements and you are enrolled in a degree seeking program and meet all other financial aid eligibility requirements according to UA policy.
___ Contact your host school’s Financial Aid Office to have Section III completed and follow up later to make sure the completed form has been forwarded to The University of Alabama’s Student Financial Aid Office.
___ It is recommended that you coordinate the completion of the agreement between all parties. The completed agreement must be submitted to The University of Alabama’s Student Financial Aid Office for your award to be reviewed. Partial or incomplete agreements will not be processed.
___ Check with your host school to determine that they accept consortium agreements. If a school refuses, that decision is respected and cannot be overruled.
___ Check with your host school to determine when its enrollment fees must be paid. Even if payment is due prior to financial aid being disbursed at UA, you may be obligated to pay your host school in a timely manner.
Student Financial Aid  

Consortium Agreement

Section I. To be completed by the student.

By signing and submitting this form you confirm that you are a degree seeking student who intends to receive federal aid at The University of Alabama while enrolled in transferable courses at a host institution. You also agree that upon completion of consortium hours that it is your responsibility to have your transcripts sent to the Registrar’s Office.

__________________________________________________________________________________________________

Student Name (Printed)                            Campus Wide Identification Number (CWID)

__________________________________________________________________________________________________

Student Signature                                            Telephone Number

Student Statement of Purpose: Why must these hours be taken at another institution this semester? You must complete this item.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Section II. To be completed by the student’s UA academic advisor.

The student listed above intends to enroll in the following courses at _________________________ (host school). These courses are the academic equivalent to The University of Alabama courses listed.

Course: ________________________________ UA Equivalent: ________________________________

Course: ________________________________ UA Equivalent: ________________________________

Course: ________________________________ UA Equivalent: ________________________________

Course: ________________________________ UA Equivalent: ________________________________

My signature below confirms that the courses to be taken at _________________________ (host school) will be accepted as partial fulfillment of the requirements for the above named student’s degree at The University of Alabama.

__________________________________________________________________________________________________

Academic Advisor Signature      Academic Advisor Printed Name

__________________________________________________________________________________________________

Phone Number    Email Address      Date
**Section III. To be completed by the host (visiting) institution.**

Name of Host Institution: ____________________________  Semester: Fall  ____ Spring  ____ Summer  ____

Dates of Enrollment: from __________ to ____________  Total Enrolled Credit Hours: ____________

Educational Costs for Dates of Enrollment:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Office Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$________</td>
<td>Office Name: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Room and Board</td>
<td>$________</td>
<td>Tax Identification Number: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$________</td>
<td>Address: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td>$________</td>
<td>_____________________________</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$________</td>
<td>_____________________________</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$________</td>
<td>_____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Amount Due:** $________

Under this agreement the host institution agrees to notify The University of Alabama if the student withdraws or drops below the required enrollment and will not process any federal or state aid during the period of enrollment noted above.

__________________________  ____________________________
Signature                  Name (Printed)

__________________________  ____________________________
Title                      Email Address

__________________________  ____________________________
Telephone Number           Fax Number       Date

**Section IV. To be completed by The University of Alabama’s Financial Aid Office.**

The University of Alabama will process all financial aid for the student in accordance with its policies and procedures to be disbursed to the host institution at the above listed address. The student will receive any unused portions as a refund.

COA Adjustment: ____________________________  Estimated Award Amount: ____________________________

__________________________  ____________________________
Signature and Title        Date