

UI&U 2017-2018 Financial Consortium Agreement

Part I: TO BE COMPLETED BY UI&U LEARNER

Learner Name: _____ SSN: _____ Daytime Tel#: _____

HOME School: UI&U

HOST (Visiting) School: _____
Name, complete address, telephone and fax number

Dates of enrollment at HOST school: From: _____ To: _____

Courses/classes to be taken at HOST school:

Course #	Course Name	# of Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read, understand and agree to abide by the Terms of the UI&U Financial Aid Consortium Agreement listed on the reverse side of this form.

Learner Signature Date: _____

PART II: TO BE COMPLETED BY UI&U ACADEMIC OFFICIAL

I certify that the courses listed in Part I above will be accepted as transfer credit toward this learner's degree at UI&U.

UI&U Official Name and Title Date: _____

PART III: TO BE COMPLETED BY HOST INSTITUTION'S FINANCIAL AID OFFICE

- (1) Number credit hours enrolled: _____
- (2) Enrollment period: _____ to _____
- (3) Cost of attendance:
 - Tuition & Fees: \$ _____
 - Book Allowance: \$ _____

We agree, as the HOST school, to notify the Financial Aid Office at UI&U of any enrollment status change including withdrawal from any course(s) during the specified enrollment period covered by this Consortium Agreement. We further agree that our school will NOT award or provide any federal aid funds to this UI&U learner for the term(s) specified.

Financial Aid Authorized Signature Title Date Telephone Fax

**RETURN FORM TO: UNION INSTITUTE & UNIVERSITY
FINANCIAL AID OFFICE
440 EAST MCMILLAN STREET
CINCINNATI, OH 45206-1925
ATTN: DIRECTOR OF FINANCIAL AID
1-800-486-3116
FAX: 1-513-487-1078**

PART IV: TO BE COMPLETED BY UI&U FINANCIAL AID OFFICE

Hours enrolled at HOST school _____
Enrollment period at HOME school _____
Hours enrolled at HOME school _____
Enrollment status for aid eligibility _____ (FT, TQ, HT, LH)

Comments: _____

Financial Aid Staff Signature Date: _____

TERMS OF THE UI&U FINANCIAL AID CONSORTIUM AGREEMENT

A financial aid consortium agreement is a written agreement between two schools. The **HOME** school is the institution from which a student is seeking a degree. The **HOST** school is the institution where the student will be visiting and taking classes to transfer back to the **HOME** institution. The purpose of this agreement is to ensure that you receive the financial aid for which you are eligible. You must agree to each of the following terms in order to participate in a financial aid consortium with UI&U as the **HOME** school and the visiting school you have listed in PART I of this form (see reverse side):

- You will receive your financial aid from UI&U the **HOME** school and not from your **HOST** or visiting school. The amount of your financial aid will be based on your combined enrollment status at both schools.
- You are responsible for making payment to the **HOST** school according to the payment policies of that institution.
- An academic official (Core Faculty, Assistant Dean, Dean) must complete and sign PART II of this form certifying that the courses you have listed will be accepted as transfer credit toward your degree at UI&U.
- You must notify the financial aid office at both schools of any change in your enrollment status including withdrawal from any course(s). Note: you may be required to repay financial aid for courses that are dropped in accordance with the Title IV federal refund calculation.
- You must comply with the satisfactory academic progress policy for retention of financial aid at UI&U.
- You must submit an official transcript from the **HOST** school to UI&U upon completion of the enrollment period listed in PART III of this form.