

# Consortium agreement for educational course work

Agreement between Union Adventist University and \_\_\_\_\_ (name of host institution)

Union Adventist University (Union) and the institution named above are entering into a consortium agreement for the purpose of providing a portion of the education program for the student listed below. It is understood that both institutions are eligible for Federal Student Financial Assistance (FSFA) as defined by Section 600.9 (b) of 34CFR part 600.

Student's name \_\_\_\_\_ UCID # \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

For which Union semester are you completing this form:  Summer  Fall  Spring

**NOTE: Students must be enrolled at least 6 credit hours at Union in order to be eligible to complete this form. Students must complete this form each semester for which they wish to receive financial aid under a consortium agreement.**

## Section 1 (student criteria)

### Student agrees to:

1. Take courses at the host institution that are transferable to their degree program at Union.
2. Be enrolled at least half-time (6 credit hours) in a degree-granting program at Union and making satisfactory academic progress as specified by the Union Satisfactory Academic Progress Policy.
3. Submit this completed form along with a copy of course registration from host institution to Union's Financial Aid Office.
4. Complete the hours as indicated in Section II of this agreement.
5. Pay tuition and fees according to the host institution's deadlines for payment.
6. Secure financial aid disbursement from Union and submit to host institution for payment of tuition and fees.
7. Request Host Institution to release official transcript of the student's academic work to Union's Records Office.

Student signature (required) \_\_\_\_\_ Date \_\_\_\_\_

## Section 2 (to be completed by Union Records Office)

How many of the credit hours which the student is taking at Host Institution are applicable to their program at Union? Please list the course(s) the student is taking at Host Institution which are applicable to their program at Union:

Prefix number	Course title	Credit hours

The signature below verifies that the courses the student plans to take during the consortium period will be accepted as part of their degree program at Union. The signature confirms that this student is in a degree seeking program at Union Adventist University.

Registrar representative's signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3 (to be completed by student)**

Reason for enrolling in host institution:

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**Section 4 (to be completed by host institution)**

Dates of enrollment under this agreement \_\_\_\_\_ Number of weeks of instruction time \_\_\_\_\_

Tuition and fees per credit hour \$ \_\_\_\_\_

Books and supplies per credit hour \$ \_\_\_\_\_

Room and board (If applicable) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Terms of this consortium agreement:**

**A. Union agrees to:**

1. Accept transfer credits, with a grade of "C" (C- in some instances) or better, earned by the above named student at Host Institution as if the student completed the coursework at Union (in terms of instruction time).
2. Grant this student's degree upon completion of all program requirements.
3. Determine eligibility for financial aid based on the cost of attendance at both Union and Host Institution if necessary.
4. Process all financial aid and notify the lenders if the student withdraws or drops below half time.
5. Maintain all financial aid records.
6. Disburse aid according to Union's disbursement schedule.
7. Monitor enrollment and the student's Satisfactory Academic Progress.

**B. Host institution agrees to:**

1. Complete and sign this consortium agreement and return it to the student.
2. Not to process or disburse any financial aid to the student during the period covered by this agreement.
3. Accept payment to be forwarded by the student and applied toward tuition and fee charges.
4. Monitor the enrollment of the student and notify Union's Financial Aid Office if the student withdraws or drops any credit hours during the period of this agreement
5. At the end of each enrollment period, provide Union with an official transcript of student's completed academic work.

**Section 4 (to be completed by host institution)**

**Union Adventist University**

**Host institution office of financial aid**

\_\_\_\_\_  
Signature of Academic Dean

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

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

\_\_\_\_\_  
Typed/printed name and title                      Date

\_\_\_\_\_  
Typed/printed name and title

\_\_\_\_\_  
Name of host institution

\_\_\_\_\_  
Host Institution Office of Financial Aid Office

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

