

CONSORTIUM AGREEMENT
Between Institutions for Administration of Financial Aid

The University of Colorado Denver (the home institution) and (the host institution – where student is visiting)

A (NOTE: This agreement is to be for only one academic term, not for an academic year.)

(Full name of host institution): _____

(Address of host institution): _____

By signature of authorized officials, hereby agree that upon enrollment of the student named herein at the host institution for the term and hours recorded below, the University of Colorado Denver shall serve as the home institution and shall administer all financial aid for this student during his/her period of enrollment at the host institution while a degree seeking student at the University of Colorado Denver. It is further agreed that completion of this agreement precludes the student's eligibility for financial aid from the host institution during this period. The host institution agrees to notify the Office of Financial Aid at the University of Colorado Denver in the event of any change in the student's enrollment status and of any refund due to the student.

Name of **Student** _____ Social Security Number _____
 (Last, First, Middle)

Student's **Permanent Mailing Address** _____
 (Street and Number) (City) (State) (Zip)

Certification by Home Institution: University of Colorado Denver

B
 This is to certify that the student named above is () undergraduate or () graduate student in good standing at the University of Colorado Denver. He/She has our permission to take the following courses, which are required as part of his/her degree program, at the Host (visited) Institution during the enrollment period indicated above, and to transfer them back to this institution upon completion, to be applied toward his/her degree program.

Course Number	Course Section	Title of Course	Sem. Cr. Hrs.
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Term you will enroll _____ **Enrollment Status** _____
At host institution (Registrar at UCD)

Signature – UCD () Dean () Department Chairperson _____ Name (Typed or Printed) _____ Date _____

Signature – UCD Registrar _____ Name (Typed or Printed) _____ Date _____

Signature – UCD Financial Aid Coordinator _____ Name (Typed or Printed) _____ Date _____

Certification of agreement by host (visited) institution

C
 We agree to the terms stated above. The student named has been admitted at this (the host) institution as a visiting student for the courses listed above.

Enrollment Status: (At host institution) _____ Term of Enrollment _____

Enrollment period of host institution: Beginning _____ Ending _____
 (Exact Mo., Day, Yr) (Exact Mo., Day, Yr)

The total fees/tuition charges for the student for the enrollment period and courses indicated above are* \$ _____
 *(The host institution must ATTACH A COPY of the student's statement of fees/tuition charges.)

Signature – Host Institution Registrar _____ Name (Typed or Printed) _____ Date _____

Signature – Host Institution (Financial Aid Officer) _____ Name (Typed or Printed) _____ Date _____

INSTRUCTIONS

All information on this form must be typed or printed, except signatures.

This form must be completed by all parties and returned to the UCD Office of Financial Aid **AT LEAST EIGHT (8) WEEKS BEFORE** the beginning of the term, to provide time for processing and/or adjusting awards and having checks available by the beginning of the term.

Section: A To be completed by student

1. On the first blank line, enter the full name of the college or university you will be attending as a visiting student.
2. On the second line, enter the full address of that college or university, including zip code.
3. On the remaining lines, enter your name, social security number and permanent mailing address.

Section B

1. **Student:** Enter the information for the courses you plan to take at the institution which you will be visiting (for each course; course number, section, title, and credit hours) and the term for which you plan to enroll at the host institution.
2. **UCD or Department Chairperson** of the school/college in which the student is seeking a degree: If agreeing to the home institution certification statement and the course (s) indicated.
 - a) Sign and check either Dean or Department Chairperson.
 - b) Print or type name and date.
3. **UCD Registrar**
 - a) In the certification statement, check if the student is an undergraduate or a graduate student.
 - b) Enter the student's enrollment status at UCD.
 - c) Determine whether or not the courses listed by the student and agreed to by the student's dean or department chairperson are acceptable.
 - d) If in agreement, sign and print or type name and date.
4. **UCD Financial Aid Administrator:** This agreement is not final until signed by a UCD Financial Aid Administrator.

Section C

1. **Host Institution:** If you are in agreement with the information in Sections A and B,
 - a) Enter the student's enrollment status and term of enrollment at your institution.
 - b) Enter the beginning and ending dates of the term in which the student will be enrolled at your institution for the courses listed in Section B. **Note: this agreement can be used for only one academic term, not for an academic year.**
2. **Host Institution Registrar or Registrar's Authorized Representatives:** If in agreement with Sections A, B, and C,
 - a) Sign
 - b) Print or type name and date.
3. **Host Institution Financial Aid Officer:** If in agreement with the information in Sections A, B and C.
 - a) Agree not to award or disburse financial aid to the student, except the aid provided by UCD.
 - b) Enter the total amount of all tuition/fees charged by your institution to the student for the courses listed, and attach a copy of student's statement of tuition/fees charges.
 - c) Check one of the boxes to indicate where student will be living while attending your institution. If the student will be living in your dormitory or other institutional housing, enter the cost to the student for the period of enrollment.
 - d) Enter the description and amount of any other cost charged by your institution for this student.
 - e) Sign your name and print name, date, and attach a copy of student's statement of fees/tuition charges.

Student: Return completed agreement to the UCD Office of Financial Aid

Mailing address: PO Box 173364, Campus Box 125, Denver, Colorado 80217-3364
ATTN: Gail Sasao

Location address: 1201 5th St, North Classroom