



Student Financial Aid Office
Department of Enrollment Management
Divisions of Academic and Student Affairs
University of Cincinnati
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Cincinnati, OH 45221-0125

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(513) 556-9171 fax www.financialaid.uc.edu

Financial Aid Consortium Agreement

Between the University of Cincinnati and (institution) _____, this agreement is entered into as allowed in Student Assistance General Provisions for the purpose of providing federal assistance.

TO BE COMPLETED BY THE STUDENT

Name _____ SSN _____
Home Address _____ Address while enrolled at visited school _____
City _____ ST _____ Zip _____
Phone (_____) _____ City _____ ST _____ Zip _____
E-mail _____ @ _____ Phone (_____) _____

Check one: [] Transient Student Taking classes to transfer back
[] Dual Attendance Attending 2 schools at the same time
[] Study Abroad Attending non-U.S. school
Circle One*

Home/Degree Granting Institution _____ Aid? Y N
Host/Visited Institution _____ Aid? Y N
Period of Attendance _____ to _____

*I realize I can only receive aid at one institution and that I am responsible for any fees at all institutions not covered by my financial aid. It is my responsibility as the student to ensure that my aid is in order prior to billing due dates if I expect aid to cover all or part of my fees. Further, I understand I must comply with all home and host institutions' academic and financial policies to include submission of official academic transcripts for the period of attendance. Failure to provide transcripts will limit aid eligibility for future terms.

Signature _____ Date _____
This agreement should be completed by the student, academic advisor and host institution before being submitted to home institution.

TERMS OF THE AGREEMENT

By signing the agreement, the host institution agrees that the named student has been accepted for enrollment. The host institution further agrees to notify the home institution if the student withdraws from the program or drops below the number of credit hours specified on page two of this agreement. The host institution will provide, upon the student's request, an official academic transcript that will evidence satisfactory conclusion of the program.

The institution awarding aid agrees to determine the student's eligibility based on the cost of education at the host institution and maintain all financial aid records in accordance with federal aid regulations. This institution will also provide payment to the non-awarding institution and process any refunds and/or repayments resulting from a student's withdrawal from classes.

The institution not providing aid agrees to withhold processing any federal or state financial aid for the student during the period of enrollment noted.

This document has been drawn up to comply with all pertinent federal, state and University of Cincinnati regulations.

TO BE COMPLETED BY STUDENT & ACADEMIC ADVISOR

Course(s) to be taken at Host School	Credits	Term*		Credit Type*		
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective

*Circle appropriate responses

Is this student in good academic standing with the home institution?

Circle One

Y N

Upon successful completion, will the above credits be accepted toward the student's degree program?

Y N

Academic Advisor Signature (Home Institution) _____ Name (Print) _____ Title _____

College/Program _____ (_____) _____
 Phone _____ E-mail _____

*Transfer credit policies of the home institution apply.
 Final transfer credit determination (and continuation of financial aid) requires submission of official transcript.*

TO BE COMPLETED BY THE HOST INSTITUTION

Term of enrollment: _____ quarter/semester of the _____ academic year.

Tuition & Fees: \$ _____ Program Start Date (MM/DD/YYYY) _____
 Room & Board: \$ _____ Program End Date (MM/DD/YYYY) _____
 Other Expenses: \$ _____ Total Hours Enrolled _____
 TOTAL: \$ _____ Status (circle one): FT 3/4 1/2 Less

School Name and Address _____

Financial Aid Representative Signature _____ Name (print) _____ Title _____

(_____) _____ (_____) _____
 E-mail _____ Phone _____ Fax _____ Date _____

(_____) _____
 Payment Contact (print) _____ Phone _____ E-mail _____

TO BE COMPLETED BY THE HOME INSTITUTION

Term of enrollment: _____ quarter/semester of the _____ academic year.

Student's academic status (circle one): FR SO JR SR GR

School Name and Address _____

Financial Aid Representative Signature _____ Name (print) _____ Title _____

(_____) _____ (_____) _____
 E-mail _____ Phone _____ Fax _____ Date _____

This agreement must be complete and on file with each institution's financial aid office before any funds are released.