CONSORTIUM AGREEMENT

Spring 2016

[NEW FORM] [REVISED FORM] [ADDITIONAL FORM] [STUDY ABROAD]

LAST NAME: [ ] FIRST: [ ] MI: [ ] STUDENT ID #: [ ]

PHONE: [ ] E-MAIL: [ ]

ARIZONA ASSURANCE [ ] GATES [ ] NATIVE AMERICAN [ ] NURSING [ ] GRAD ELLER [ ] UA ONLINE CAMPUS

VISITING INSTITUTION NAME:

**CONSORTIUM AGREEMENT TERMS & CONDITIONS**

- OSFA will only approve a Consortium Agreement under the following conditions:
  - **UA equivalent class is full. Student must have the Office of Registrar**
  - **verify that class(es) are full, OR**
  - **Class(es) are not offered through UA, OR**
  - **Students who have an extenuating circumstance can submit a**
  - **personal statement and documentation to OSFA for review.**
  - **Students who are submitting a Consortium Agreement for the**
  - **summer term, must be enrolled in at least 1 UA unit during the**
  - **summer term.**
  - **Must be turned in to OSFA by DEADLINE.**

- **Students who are not enrolled in at least 6 UA units and would like**
  - **to enroll in another institution that is outside of the 90-mile radius**
  - **of Tucson and Sierra Vista may be approved by OSFA.**

- **Students who are awarded institutional grants and not enrolled in at**
  - **least 9 UA units, will have their institutional grants cancelled.**

- **You must maintain Satisfactory Academic Progress (SAP) as outlined**
  - **by the University of Arizona Academic Progress Standards.**

- **SAP regulations only allow one repeat of a previously passed course.**

- **The student is responsible for sending all official transcripts from the**
  - **visiting institution to the UA Office of the Registrar.**

- **Units from the visiting institution transfer; grades will not.**

- **UA scholarships, tuition awards and Arizona Assurance scholars**
  - **require ALL UA classes.**

- **The University of Arizona will award your financial aid. Federal**
  - **financial aid cannot be received from the visiting institution.**

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TO BE COMPLETED BY THE STUDENT

TO BE COMPLETED BY THE UA REGISTRAR for Undergraduates OR THE GRADUATE COLLEGE for Graduates

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Title</th>
<th>UA Course Equivalent</th>
<th>UA Units</th>
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SPRING SEMESTER: TOTAL UA UNITS_____ TOTAL VISITING INSTITUTION UNITS_____ TOTAL COMBINED UNITS_____

CERTIFICATION: I have read and understand the conditions above. I also grant permission to the visiting institution to release my financial aid information and semester grades to The University of Arizona.

<table>
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<tr>
<th>Student signature</th>
<th>Date</th>
<th>FAO Office of the Registrar or Graduate College Official’s Signature</th>
<th>Date</th>
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TO BE COMPLETED BY THE VISITING INSTITUTION’S FINANCIAL AID OFFICE (FAO)

This student is registered in the course(s) listed above at our institution. These course(s) are not by correspondence. As a Title IV certified Visiting Institution, we agree to share information about the student’s enrollment as requested by UA’s Office of Student Financial Aid and agree our institution will not award or pay aid during this term.

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<th>FAO Print Name</th>
<th>Phone #</th>
<th>Institution Name</th>
<th>Title IV School Code</th>
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Tuition is: [ ] Paid [ ] Not Paid

Total Tuition $