

CONSORTIUM AGREEMENT

Submission Deadline: May 1, 2018

Summer 2018

NEW FORM REVISED FORM ADDITIONAL FORM STUDY ABROAD

LAST NAME:	FIRST:	MI:	STUDENT ID #:
PHONE:		E-MAIL:	
VISITING INSTITUTION NAME:			

SECTION 1 - TO BE COMPLETED BY THE STUDENT AND THE UNIVERSITY OF ARIZONA

SECTION 1A TO BE COMPLETED BY THE STUDENT		SECTION 1B TO BE COMPLETED BY THE UA REGISTRAR for Undergraduates or THE GRADUATE COLLEGE for Graduates	
Course Prefix	Course Title	UA Course Equivalent	UA Units

****SUMMER SEMESTER:** TOTAL UA UNITS _____ TOTAL VISITING INSTITUTION UNITS _____ TOTAL COMBINED UNITS _____

UA Office of the Registrar or Graduate College Official's Signature	Date
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SECTION 2 - 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 Scholarships and Financial Aid and agree our institution will not award or pay aid during this term.

FAO Print Name	Phone #	Institution Name	Title IV School Code
FAO Signature	Date	Tuition is: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid	Total Tuition \$

STUDENT CERTIFICATION STATEMENT

I, the student, certify all of the following:

- 1) I have read and understand all Consortium Agreement Policies as stated here: <http://financialaid.arizona.edu/policies/consortium-agreement>.
- 2) I must notify OSFA of any changes in enrollment at either institution.
- 3) Unless enrolled at Pima Community College, I am responsible for sending all official transcripts from the visiting institution to the UA Office of the Registrar.
- 4) I am responsible for paying the visiting institution for the classes in which I am enrolled.
- 5) In the event of a withdrawal from any or all classes, I may be responsible for repayment of financial aid received.
- 6) My financial aid may be delayed for future terms until the UA receives official transcripts for the consortium agreement units above.

IMPORTANT: Incomplete forms will delay the review of your consortium request and disbursements of your financial aid. After initial review, additional documentation may be required. Students waiting for a consortium request decision should be fully prepared to assume responsibility for all course enrollment and account balance payment, regardless of the consortium request decision.

Student Signature _____ Date _____



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