CONSORTIUM AGREEMENT

Fall 2015

Last Name: ___________________________ First: ___________________________ M: ___________________________ Student ID #: ___________________________

Phone: ___________________________ E-mail: ___________________________

☐ Undergraduate ☐ Graduate ☐ Native American ☐ Nursing ☐ Pharmacy ☐ UA Online

Visiting Institution Name: ___________________________

CONSORTIUM AGREEMENT TERMS & CONDITIONS

☒ OSFA will only approve a Consortium Agreement under the following conditions:
  • Consortium Agreement must be completed and submitted by the 10th day of classes.
  • 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.
  • The student is responsible for paying the visiting institution classes.
  • You must enroll at UA and the other Title IV institution for the combined total number of units for which you were awarded.
  • Financial aid as listed on your award notification. Audit and correspondence courses do not count for financial aid.
  • Notify OSFA of any changes in enrollment at either institution. In the event of withdrawal from any or all classes, you may be responsible for repayment of financial aid received according to the University of Arizona Return of Federal Aid Policy.
  • The Pell Grant is directly linked to your financial need and attendance level. If you drop a class on or before the first session day, or if you never attend a class, you may be required to repay all or part of your grant.
  • For the class to be acceptable for the consortium agreement it must be: transferable and you must pass with a “C” or better. To verify if courses have been accepted, refer to your transfer credit report on UAccess Student Center. Classes that are not successfully transferred will not count towards your academic year units.
  • Non-UA Study Abroad program expenses must be submitted to OSFA to be included in your cost of attendance. Attach a copy of the program brochure or expenses to this Consortium Agreement.
  • Graduate students who are taking courses at a visiting institution must have the Graduate College Graduate Student Academic Services’ approval that the class(es) are UA course equivalent(s).

TO BE COMPLETED BY THE STUDENT

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<th>Course Prefix</th>
<th>Course Title</th>
<th>UA Course Equivalent</th>
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| FALL 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.

Student signature ___________________________ Date ________________

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

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<th>UA Office of the Registrar or Graduate College Official’s Signature</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.

FAO Print Name ___________________________ Phone #: ___________________________ Institution Name: ___________________________ Title IV School Code: ___________________________

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Tuition is: [ ] Paid [ ] Not Paid Total Tuition $ ___________________________

Administration Building ∙ Room 208
P.O. Box 210066, Tucson, AZ 85721-0066
TEL: 520.621.1858 ∙ FAX: 520.621.9473
financialaid.arizona.edu