

# Consortium Agreement

Summer 2025

Submission Deadline:  
May 2, 2025

## COMPLETION INSTRUCTIONS

Before completing this form, please review our [Consortium Agreement Policy](#). Students awarded the Summer University Grant and not enrolled in at least 6 Arizona summer units will have their award canceled. Cancellation date and additional information can be found on our [Summer Financial Aid webpage](#).

This form is intended for students who **will not be enrolled full-time at the University of Arizona** for Summer 2025 and wish to be reviewed for Federal student aid (including Federal Pell Grant and Federal Direct Loans), based on their total combined enrollment at the University of Arizona and another school (Visiting Institution).\*

*\*Note: Students DO NOT need to complete this form to transfer non-University of Arizona credits toward their degree. It is only for the purpose of evaluating a student for federal aid based on the total concurrent enrollment between Arizona and the visiting institution.*

1. Begin by completing Step 1, using this space to indicate which school (Visiting Institution) you plan to take classes at, in addition to the classes you are enrolled in at the University of Arizona. Then, read through the requirements and sign.
2. Next, bring this form to the **VISITING Institution's Financial Aid Office**. They will certify your enrollment, tuition charges, and eligibility in the Visiting Institution section in Step 2.
3. Once step 2 is complete, [submit](#) this form to the **University of Arizona Office of Scholarships & Financial Aid (OSFA)**. Blank or incomplete fields will delay processing.
4. OSFA will review and then submit the form on the student's behalf to the Office of the Registrar where Step 3 will be completed. Please DO NOT submit this form directly to the Office of the Registrar.
5. **OSFA will notify the student via University of Arizona email** once a decision has been reached, or if original submission is insufficient. Students must monitor their University of Arizona email for these notifications once submitted. Any corrections or omissions must be submitted by the deadline stated at the top of this document.

### STEP 1 – To Be Completed by the STUDENT (all fields required):

First Name:	Last Name:	Student ID#:
University Email:	HOME Institution: <u>University of Arizona</u>	# Enrolled Arizona Units:
Arizona Campus Location:	VISITING Institution:	# Enrolled Visiting Units:

I will be enrolled at the VISITING institution above for the following reason(s):

- University of Arizona equivalent course(s) are full.
- University of Arizona does not offer the course(s) I need.
- Other (*Extenuating circumstances only. Required: attach a written statement with this form to explain further*)

**STUDENT CERTIFICATION STATEMENT:** By signing this form, I (the student) certify the following (must check all boxes):

- I have read and understood **all policies** as stated here <https://financialaid.arizona.edu/policies/consortium-agreement>.
- I attest I am enrolled in the minimum 6 University of Arizona units, and I am taking courses at the VISITING institution due to either:
  - 1) University of Arizona equivalent course(s) are full **OR**
  - 2) University of Arizona does not offer the course(s) I need.

**Otherwise, I have attached a personal statement describing why I am unable to enroll in at least 6 University of Arizona units.**

- I must notify OSFA of any changes in enrollment at either institution **and** understand that I am responsible for paying for courses in which I am enrolled, regardless of the decision on this form.
- In the event of a withdrawal from any or all classes, I may be responsible for the repayment of financial aid received.
- I am responsible for sending **all** official transcripts for the visiting institution units approved under this consortium agreement to the University of Arizona and understand my financial aid disbursements for future terms may be delayed until official transcripts are received.
- I understand that submission of an incomplete form will delay the review of this Consortium Agreement, and I agree to provide any requested documentation before the deadline.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign digitally or in ink. Typed signatures will not be accepted.**

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**STEP 2 – To Be Completed by the VISITING INSTITUTION Financial Aid Office (all fields required):**

This student is registered in the course(s) listed below 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 the University of Arizona Office of Scholarships & Financial Aid (OSFA) and agree our institution will not award or pay Title IV aid during this term.

VISITING Institution Course Prefix & Number	VISITING Institution Course Title / Description	Number of Units

VISITING Institution Name:	
Title IV School Code:	
Financial Aid Official’s Email Address:	
Financial Aid Official’s Phone Number:	
Tuition Cost:	\$

Tuition is:       Paid       Unpaid

VISITING Institution Financial Aid Official’s Name \_\_\_\_\_

VISITING Institution Financial Aid Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 3 – To Be Completed by the University of Arizona Office of the Registrar (OSFA will submit form on student’s behalf):**

*This section is for internal University of Arizona departmental use only.*

VISITING Institution Course Prefix & Number	VISITING Institution Course Description	Number of Units	University of Arizona Course Equivalent	University of Arizona Units Equivalent*

University of Arizona Enrollment for Consortium Term	
*University of Arizona Consortium Units Equivalent	+
<b>Student’s TOTAL combined units</b>	=

Office of the Registrar Official’s Name: \_\_\_\_\_

Office of the Registrar Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_