Application for Consortium Agreement

A consortium agreement enables you, the student, to receive financial aid while concurrently enrolled at Western (Home Institution) and another institution (Host Institution). You must be degree seeking at Western. This agreement will allow your financial aid eligibility to be based on the total credits being attempted at all institutions of enrollment for the semester.

Consortium Steps:

- 1. Student complete and sign the Student Information below PART 1. This form must be submitted as soon as possible.
- 2. **Student** list the courses being taken at the HOST Institution **PART 2. Also submit copy of registration with completed form. (NOT required if Course Share/Quottly courses)**
- 3. **Student** email your completed form to your **UM Western** Academic Advisor for review and their Signature which states your HOST courses will count toward your degree at UM Western. **PART 3**
- 4. Advisor, review HOST courses and confirm that they are required for student's UM Western degree. After review and signing, send the form back to the student (If Course Share (Quottly) ONLY courses, can be sent to Financial Aid Office)
- 5. **Student** send or take this form to the Financial Aid Office at the **HOST Institution** for completion and signature (**NOT required if Course Share (Quottly) ONLY courses) PART 4**
- 6. Student or HOST Institution return this form to the UM Western Financial Aid Office

To Be Completed by the Student

Please type or print legibly

PART 1

Student Name		Western Student ID#			
Student Address	City	State	Zip		
Student Telephone Number		Student Email Address			
Name of HOME Institution (Degree Granting)	Home: Date Semester Begins		Home: Date Semester Ends		
University of Montana Western					
Student's Major/Program					

Student Certification – I acknowledge that:

- 1. Either the Host Institution or Home Institution (Western) may decline to participate in this Consortium Agreement
- 2. I MUST be enrolled in a degree or certificate program at Western, and all courses I am taking at the Host Institution MUST be transferable and apply toward my degree at Western
- 3. I have attached proof of my registration from the HOST Institution (Not required if Course Share/Quottly Courses)
- 4. Aid will be disbursed according to the Home (Western) institutional policies and only after I have received an official award notification
- 5. I will notify the Financial Aid Office at Western within 10 days of any changes in my enrollment status at either institution
- 6. I may be responsible for repayment of financial aid, including loans, received based on this Consortium Agreement if I:
 - a. Drop a course during the refund period
 - b. Withdraw-officially or unofficially
 - c. Fail to begin attendance at the Host Institution or
 - d. The Host Institution credits are NOT transferred to Western

I understand if any of the above occur, I will not be eligible to receive financial aid for future periods of enrollment at Western until repayment has been made.

- 7. All credits from the Host Institution will be used in determining my Satisfactory Academic Progress (SAP).
- 8. Financial aid for future semesters will be on HOLD and not released until an Official Transcript has been received and reviewed by the Registrar's Office at Western. Transcript is required whether I passed or failed the course(s)
- 9. It is my responsibility to arrange payment at the Host Institution

By my signature, I authorize the Host Institution listed to release enrollment, financial and academic information to the Home Institution (Western) Financial Aid Office. I certify that I have read and agree to comply with all terms and conditions stated and that the information provided is true and complete to the best of my knowledge.

Student Signature	Date
•	

PART 2

To Be Completed by Student

List Non-UM Western Courses below

Course # Class Name		<u>Credits</u>	Course Delivery	Clas Substitu	s ution	Home Credits: # of Credits enrolled at UMW	
PART3 To Be Reviewed I certify the above-named student h and will be accepted toward the student	as been approved for	or course w	ork at the Ho	ost Institu	tion an	d that the credits are required	
Advisor's Signature	Printed	Name/Titl	le	Date		Telephone	
PART 4 To Be Comple	ted by the HO	ST Insti Share	tution's F Only Cou	inancia	al Aid	Office (NOT required for	
Name of HOST Institution	Host Institu	Host Institution's Address			Fax Number		
Semester and Year of Attendance (circle one): Fall / Spring / Summer Year: 20	Host: Date S	Host: Date Semester Begins: Host: Date Semester Ends:					
Total of Non-Federal Title IV aid from \$		Total Credits at Host:					
Host School Cost of Attendance:		Host Scho	ool Certifies:				
Tuition & Fees \$			The Host and Western agree to enter into an agreement as allowed by Part CFR 668.5, Written Arrangements between Schools The Host Institution agrees NOT to provide Federal Title IV financial assistance to the student for the semester listed Host agrees to notify Western if the student withdraws or drops any of the above-mentioned courses All aid will be disbursed to the student and the student is responsible for payment of all charges at the Host Institution				
Host Financial Aid Signature/Date	Phone Number		Print Name	Title Title		Email Address	
PART 5 To	Be Complete	d by W	estern's l	Financ	ial Ai	id Office	
Total Semester Credits (Western + H Western's Adjusted Cost of Attendar			RHACOMM	Add form -Place No	& if Rec	ocessing Checklist eeived or Satisfied nsortium being Used/Semester	
Tuition \$ Fees \$ Books & Supplies \$				Update CO		eded (not required for Course	
Housing \$ Food \$ Miscellaneous Fees \$ Transportation \$			Consortiu	ım Indicat	or (not r	w/REPEAT; Total Hours; & Check equired for Course Share/Quottly) aid is accurate	
Loan Fees \$ Total COA \$						d of Semester to keep aid from ascript has been received/evaluated	
Adjustment not required for Course Share/Quottly Courses			ROANYUD-Place Consortium hours in Attempted Hours [(not required for Course Share/Quottly <i>UNLESS</i> student withdraws or fails course(s)]				
			Western FA	Signature		Date	
A Office Use ONLY: Semester End: Date O	Official Transcripts received	ved from HO	ST Institution		. If Co	ourses passed, will see grade(s) in	

University of Montana Western Financial Aid Office 710 South Atlantic Dillon MT 59725 406-683-7511 FAX: 406-683-7510

SHATERM and need to REMOVE hours from ROANYUD. If NOT passed, LEAVE hours in ROANYUD to be counted manually in SAP.