

Financial Aid Office Aber Hall, 5th Floor Missoula, MT 59812-2232 Phone: (406) 243-5373

finaid@umontana.edu

## **CONSORTIUM AGREEMENT FORM - University of Montana**

A consortium agreement enables you, the student, to receive financial aid while concurrently enrolled for courses at your degree granting institution (home institution), the University of Montana (UM), and another institution (host institution). This allows your eligibility for financial assistance to be based on the total credits being attempted at both institutions for the semester or term.

## **Consortium Steps:**

Student Name

- 1. Complete and sign the Student Information Section on this page. Consortium agreements must be submitted as soon as possible, but no later than two weeks before the end of the term.
- 2. List the courses being taken at Host institution and your UM Academic Advisor must sign the form stating your transfer credit hours will count toward your certificate or degree at UM (see section below).
- 3. Send or take this form to the Financial Aid Office at the Host Institution for completion and signature.
- 4. Have the Host Institution return this form to the financial aid office at UM.

## TO BE COMPLETED BY THE STUDENT

Student ID

Student Address		City	State	Zip						
Student Telephone number		Student Email address								
Name of <b>Home</b> Institution (degree granting)		Home: Date Semester Begins	s Home: Date Semester Ends							
University of Montana (UM)										
Student's Major/Program										
Student Certification – I acknowledge that:										
1.	L. Either the Host Institution or UM may decline to participate in this consortium agreement.									
2.										
	transferable and apply toward my degree at the UM.									
3.	I have attached proof of my registration at the Host Institution.									
4.	I will receive financial aid from UM and all financial aid records for this period will be maintained at the financial aid office at UM.									
5.	. I will notify the financial aid office at UM within 10 days of any changes in enrollment status at either institution.									
6. I will be responsible for repayment of financial aid, including loans, received based on this consortium agreement if I:										
	a) Drop a course during a refund period,									
	b) Withdraw (officially or unofficially), or									
	c) The host institution credits are not tra			ture periods of appellment at LIM until						
	I understand that if any of these occur, I will repayment has been made.	not be eligibl	ie to receive illianciai aid for fu	ture periods of enrollment at OW until						
7.	etermine my Satisfactory Academic									
	Progress as a financial aid recipient. Additionally, I understand that financial aid for future terms will not be released until									
	transfer credits have been received and satisfactory progress has been met. Please review the UM Satisfactory Academic									
	Progress policies at <a href="https://www.umt.edu/fi">https://www.umt.edu/fi</a>									
8. It is my responsibility to arrange for payment of costs at the host institution, including tuition, fees, and books, until funds of										
	be disbursed by UM. Disbursement of finance			·						
9.	procedures at both institutions to insure that I authorize the host institution to release en	•								
9.	Aid Office.	Tollinent, ilila	incial, and academic informatic	on to oniversity of Montana Financial						
By signing below I, the student, certify that I have read and understand the procedures and requirements of the consortium agreement. I agree to comply with these procedures, and understand that noncompliance will result in a loss of financial aid.										
Student Signature:			Date:							
***** Continue to 2 <sup>nd</sup> page *****										

## TO BE COMPLETED BY ACADEMIC ADVISOR AT UM

Course Number	Anticipated Courses at <b>Host Institution</b> (List courses titles below)			Credit Hours					
		(LISC C	courses titles below)						
UM Academic Advisor Certification:									
I certify the above-named student has be toward the student's degree/certificate a			at the Host School (I	isted above) and	d that the credits will be accepted				
UM Academic Advisor Signature & Date		nted Name/Title		Phone	Email				
	ŕ								
TO BE COMPLETED BY THE HOST INSTITUTION'S FINANCIAL AID OFFICE									
Name of <b>Host</b> Institution		Host Institution's Address			Fax Number				
Semester and Year of Attendance Term (circle one): Autumn / Spring / Sur		Host: Date Semester Begins			Host: Date Semester Ends				
Year: 20									
Total of any Non-Federal Title IV aid from	ı Host:		Total Credits at Ho	st:					
\$									
Host School Cost of Attendance:  Host School Certification:									
Tuition & Fees \$		The Host and UM agree to enter into an agreement as allowed by  Part 668 10. Student Assistance Con Provisions  On Provisions  On Provisions  On Provisions							
Books & Supplies \$			Part 668.19, Student Assistance Gen. Provisions.  2. The Host institution agrees NOT to provide federal TITLE IV						
			financial assistance to the student for the term listed.						
Housing & Food \$			<ol><li>In case the student withdraws from school, the Host institution agrees to promptly notify the University of Montana in writing.</li></ol>						
Other Expenses \$			4. All aid will be disbursed to the student and the student is						
Total \$			responsible for payment of all charges at the Host Institution.						
Host Financial Aid Signature & Date	Phone	Print Na	me/Title	Ema	ail Address				
TO BE COMPLETED BY UM'S FINANCIAL AID OFFICE									
Total Term Credits (UM + Host School Credits)			Banner Processing Checklist:						
UM Adjusted Cost of Attendance:			RRAAREQ		☐ SFAREGS				
om Adjusted Cost of Attendance.			RHACOMM		☐ <b>ROAENRL</b> ☐ Y ☐ C ☐ N				
Tuition & Fees \$			RPAAWRD		☐ ROAHOLD ☐ o ☐ c ☐ cd				
Books & Supplies \$			ROASTAT		$\square$ RBAPBUD (check):				
Housing & Food \$			☐ SGASTDN (c	heck):	UG Dep.				
Trousing & roou 5			□ MTN □	]мс	☐ UG Independent☐ UG Indep. w/kids				
Misc./Personal \$			□ IN □ OUT	WILE	☐ Graduate ☐ LAW				
Other Expenses \$					_ 5				

Return this completed form to the UM Financial Aid Office at:

UM Financial Aid Signature

Date

Total

∞ EMAIL: finaid@umontana.edu |

 $\infty$  MAIL: UM Financial Aid Office, 32 Campus Dr., Missoula, MT 59812