



**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:**

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 Name  | Student ID                 |                          |
| Student Address   | City                       | State Zip                |
| Student Telephone number  | Student Email address      |                          |
| Name of <b>Home</b> Institution (degree granting)<br>University of Montana (UM)   | Home: Date Semester Begins | Home: Date Semester Ends |
| Student's Major/Program   |                            |                          |
| <p><b>Student Certification – I acknowledge that:</b></p> <ol style="list-style-type: none"> <li>1. Either the Host Institution or UM may decline to participate in this consortium agreement.</li> <li>2. I must be enrolled in a degree or certificate program at UM, and that courses I am taking at the Host Institution must be transferable and apply toward my degree at the UM.</li> <li>3. I have attached proof of my registration at the Host Institution.</li> <li>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.</li> <li>5. I will notify the financial aid office at UM within 10 days of any changes in enrollment status at either institution.</li> <li>6. I will be responsible for repayment of financial aid, including loans, received based on this consortium agreement if I:             <ol style="list-style-type: none"> <li>a) Drop a course during a refund period,</li> <li>b) Withdraw (officially or unofficially), or</li> <li>c) The host institution credits are not transferred to UM.</li> </ol>             I understand that if any of these occur, I will not be eligible to receive financial aid for future periods of enrollment at UM until repayment has been made.           </li> <li>7. All credits taken at the host institution must be transferred to UM, and will be used to determine 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/finaid/maintaining-eligibility/default.php">https://www.umt.edu/finaid/maintaining-eligibility/default.php</a></li> <li>8. It is my responsibility to arrange for payment of costs at the host institution, including tuition, fees, and books, until funds can be disbursed by UM. Disbursement of financial aid funds will follow the UM schedule. You must follow the regular payment procedures at both institutions to insure that your bills are paid by the required deadline dates.</li> <li>9. I authorize the host institution to release enrollment, financial, and academic information to University of Montana Financial Aid Office.</li> </ol> <p>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.</p> <p>Student Signature: _____ Date: _____</p> |                            |                          |

**TO BE COMPLETED BY ACADEMIC ADVISOR AT UM**

| Course Number  | Anticipated Courses at <b>Host Institution</b><br>(List courses titles below) | Credit Hours |
|--|---|--------------|
|  |   |              |
|  |   |              |
| <b>UM Academic Advisor Certification:</b><br>I certify the above-named student has been approved for course work at the Host School (listed above) and that the credits will be accepted toward the student's degree/certificate at the University of Montana. |   |              |
| <b>UM Academic Advisor Signature &amp; Date</b>  | Printed Name/Title  | Phone        |
|  |   | Email        |
|  |   |              |

**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<br><i>Term (circle one): Autumn / Spring / Summer</i><br>Year: 20_____ | Host: Date Semester Begins   | Host: Date Semester Ends          |
| Total of any Non-Federal Title IV aid from Host:<br>\$ _____   | Total Credits at Host:   |                                   |
| <b>Host School Cost of Attendance:</b>   |  | <b>Host School Certification:</b> |
| Tuition & Fees \$ _____  | 1. The Host and UM agree to enter into an agreement as allowed by Part 668.19, Student Assistance Gen. Provisions.                 |                                   |
| Books & Supplies \$ _____  | 2. The Host institution agrees NOT to provide federal TITLE IV financial assistance to the student for the term listed.            |                                   |
| Room & Board \$ _____  | 3. In case the student withdraws from school, the Host institution agrees to promptly notify the University of Montana in writing. |                                   |
| Other Expenses \$ _____  | 4. All aid will be disbursed to the student and the student is responsible for payment of all charges at the Host Institution.     |                                   |
| Total \$ _____   |  |                                   |
| <b>Host Financial Aid Signature &amp; Date</b>   | Phone  | Print Name/Title                  |
|  |  | Email Address                     |

**TO BE COMPLETED BY UM'S FINANCIAL AID OFFICE**

|  |  |
|--|--|
| <b>Total Term Credits (UM + Host School Credits)</b> _____ | <b>Banner Processing Checklist:</b>  |
| <b>UM Adjusted Cost of Attendance:</b>                     | <input type="checkbox"/> RRAAREQ   |
| Tuition & Fees \$ _____                                    | <input type="checkbox"/> RHACOMM   |
| Books & Supplies \$ _____                                  | <input type="checkbox"/> RPAAWRD   |
| Room & Board \$ _____                                      | <input type="checkbox"/> ROASTAT   |
| Misc./Personal \$ _____                                    | <input type="checkbox"/> SGASTDN (check):  |
| Other Expenses \$ _____                                    | <input type="checkbox"/> MTN <input type="checkbox"/> MC   |
| <b>Total</b> \$ _____                                      | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> WUE                              |
|  | <input type="checkbox"/> TARA <input type="checkbox"/> D-IN <input type="checkbox"/> D-OUT                         |
|  | <input type="checkbox"/> SFAREGS   |
|  | <input type="checkbox"/> ROAENRL <input type="checkbox"/> Y <input type="checkbox"/> C <input type="checkbox"/> N  |
|  | <input type="checkbox"/> ROAHOLD <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> CD |
|  | <input type="checkbox"/> RBAPBUD (check):  |
|  | <input type="checkbox"/> UG Dep.   |
|  | <input type="checkbox"/> UG Independent  |
|  | <input type="checkbox"/> UG Indep. w/kids  |
|  | <input type="checkbox"/> Graduate  |
|  | <input type="checkbox"/> LAW   |
|  | _____  |
|  | <b>UM Financial Aid Signature</b>  |
|  | _____  |
|  | <b>Date</b>  |

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

∞ EMAIL: [finaid@umontana.edu](mailto:finaid@umontana.edu) | ∞ FAX: 406-243-4930

∞ MAIL: UM Financial Aid Office, 32 Campus Dr., Missoula, MT 59812