

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: finaid@umwestern.edu

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) University of Montana Western		Home: Date Semester Begins	Home: Date Semester Ends
Student's Major/Program			
Student Certification – I acknowledge that:			
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 **HOST** Courses (Non-UM Western Courses) below

Course #	Class Name	Credits	Course Delivery	Class Substitution	Home Credits:
_____	_____	_____	_____	_____	# of Credits enrolled at UMW _____.
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

PART3 To Be Reviewed and Completed by the Student's UM Western Academic Advisor

I certify the above-named student has been approved for course work at the Host Institution and that the credits are required and will be accepted toward the student's degree in _____ at UM Western.

Advisor's Signature

Printed Name/Title

Date

Telephone

PART 4 To Be Completed by the HOST Institution's Financial Aid Office (NOT required for Course Share/Quotly Only Courses)

Name of HOST Institution	Host Institution's Address	Fax Number
Semester and Year of Attendance (circle one): Fall / Spring / Summer Year: 20_____	Host: Date Semester Begins:	Host: Date Semester Ends:
Total of Non-Federal Title IV aid from Host: \$ _____	Total Credits at Host:	
Host School Cost of Attendance: Tuition & Fees \$ _____ Books & Supplies \$ _____ Room & Board \$ _____ Total \$ _____	Host School Certifies: <ol style="list-style-type: none"> 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
		Email Address

PART 5

(FA OFFICE USE ONLY)

Total Semester Credits (Western + Host) _____ Western's Adjusted Cost of Attendance: Tuition \$ _____ Fees \$ _____ Books & Supplies \$ _____ Housing \$ _____ Food \$ _____ Miscellaneous Fees \$ _____ Transportation \$ _____ Loan Fees \$ _____ Total COA \$ _____ Adjustment not required for Course Share/Quotly Courses	<p align="center">Banner Processing Checklist</p> RRAAREQ-Add form & if Received or Satisfied RHACOMM-Place Note of Consortium being Used/Semester SFAREGS-Check for credit hours at Western RBAABUD-Update COA as needed (not required for Course Share/Quotly) ROAENRL-Update top section w/REPEAT; Total Hours; & Check Consortium Indicator (not required for Course Share/Quotly) RPAAWRD-Review & verify aid is accurate ROAHOLD-Place #22 in at end of Semester to keep aid from moving until Official Transcript has been received/evaluated ROANYUD-Place Consortium hours in Attempted Hours [(not required for Course Share/Quotly UNLESS student withdraws PRIOR to Census or fails course(s)] Western FA Signature _____ Date _____
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FA Office Use ONLY: Semester End: Date Official Transcripts received from HOST Institution _____. If Courses passed, will see grade(s) in SHATERM and need to REMOVE hours from ROANYUD. If **NOT passed**, LEAVE hours in ROANYUD to be counted manually in SAP.