

Consortium Agreement
UAB Office of Student Financial Aid

SECTION I – STUDENT INFORMATION

| | |
|------------------------|---|
| Host institution name: | |
| Student name: | Banner ID: |
| Enrollment period: | Program dates: _____ to _____ Month/day/year Month/day/year |

SECTION II – REQUEST FOR INFORMATION – to be completed by the host institution

Courses registered for during enrollment period

| Course name | # of semester credit hours |
|-------------|----------------------------|
| | |
| | |
| | |
| | |
| | |

If credits had to be converted, please note below.

| |
|--|
| |
|--|

Cost of attendance for the enrollment period

| | |
|--------------------|----|
| Tuition | \$ |
| Mandatory fees | \$ |
| Food and Housing | \$ |
| Housing type | |
| Books and supplies | \$ |

Other required expenses (please describe)

| | |
|--------------|----|
| Airfare cost | \$ |
| | \$ |
| | \$ |

SECTION III – AGREEMENTS

The home institution agrees to:

1. Calculate eligibility for Title IV federal financial aid, state, and institutional aid.
2. Disburse that financial aid.
3. Accept, for credit, relevant course satisfactorily completed at the host institution.

The host institution agrees to:

1. Not provide any Title IV federal financial aid to the student.
2. Not provide other financial aid to the student without the home institution's approval.
3. Notify the home institution if the student withdraws from the host institution.
4. Provide the home institution with requested information – including information about enrollment periods and costs.
5. Certify that the student is enrolled for the time period specified in this agreement.

**Consortium Agreements must be completed and submitted to the UAB Office of Student Financial Aid by the respective semester's Add/Drop Deadline at UAB which are listed at uab.edu/academiccalendar.*

SECTION IV – HOME AND HOST INSTITUTIONAL INFORMATION

Home institution information

| |
|---|
| Financial aid signature: <i>Jasmine Stone</i> |
| Date: |
| Typed name: Jasmine Stone |
| Title: Financial Aid Specialist I |

Host institution information

| | |
|--------------------------|------|
| Financial aid signature: | |
| Date: | |
| Typed name: | |
| Title: | |
| Phone: | Fax: |
| Email: | |
| Address: | |

SECTION V – SUBMISSION

Please return completed form to the UAB Office of Student Financial Aid by UAB's course registration add/drop deadline for the respective semester which are listed at uab.edu/academiccalendar.

Email: finaid@uab.edu

Fax: 205.934.8941

Mail: Office of Student Financial Aid
1720 2nd Avenue South, LHL G20
Birmingham, AL 35294

**STUDENT FINANCIAL AID
Office of the Provost**

Phone: 205.934.8223 | Fax: 205.934.8941
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