

Consortium Enrollment Agreement

Name:	UCO ID:
Date of Birth:	Aid Year:

The UCO Student Financial Aid Consortium Enrollment Agreement allows students to enroll in classes at a host institution and receive aid at their home or degree granting institution for the combined enrollment. **Consortium hours will be reviewed and added to your UCO enrollment after the end of the 100% tuition/fee refund period of the semester. To receive Pell Grant for Consortium classes, this form must be submitted with all required signatures and documents three weeks before the end of the semester.**

Section I. Certifications to be completed by the Student *(Initial on the line to the left of each statement)*

UCO's Satisfactory Academic Progress Policy requires academic progress to be reviewed each semester.

1. _____ I acknowledge that it is the student's responsibility to provide the UCO Enrollment/Records Office (Broncho One Stop) with a copy of a transcript from the host institution at the end of the semester. **(Fall by January 15th, Spring by May 31st, Summer by August 31st)**
2. _____ I acknowledge that failure to submit a transcript may result in an adjustment to the awards, thus a repayment to the university. UCO will not pay charges at the Host Institution.
3. _____ I acknowledge that it is the student's responsibility to pay all tuition and fee charges that are due at the Host Institution.
4. _____ I acknowledge that the Home Institution (Degree Granting Institution) is the University of Central Oklahoma. The Home Institution will award the financial aid for this semester. The Host Institution is the other institution at which the student will take courses that are required for UCO program completion.
5. _____ I acknowledge that the student will not be awarded Title IV funding from the Host Institution.
6. _____ I acknowledge that the deadline for submission of the Consortium Enrollment Agreement is the same as the deadline to enroll in full-term 16 week courses.

Eligibility Requirements:

1. _____ I acknowledge that I, the student, must be seeking a degree or certificate from UCO.
2. _____ I acknowledge that I, the student, must be enrolled in at least 1 credit hour at UCO before the 100% tuition/fee refund period.
3. _____ I acknowledge that to be honored, the UCO Financial Aid Consortium Enrollment Agreement must be completely certified by the Host Institution and have enrollment attached.

Procedures for approval of UCO Consortium Enrollment Agreement are as follows:

1. _____ I, the student, acknowledges that Section I and II should be completed and submitted to UCO Student Financial Services along with a copy of enrollment, which includes charges at the Host Institution.
2. _____ Once the student has submitted the completed Consortium Enrollment Agreement, the consortium will be processed with the Host Institution. Please allow two weeks processing time before awarding eligibility is determined and processed.
3. _____ I acknowledge that it is the student's responsibility to have all sections of this agreement completed by all parties before it is submitted to UCO Student Financial Services.

Student Signature

Date

*****By signing this form, I/we certify that all the information reported to qualify for federal student aid is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined up to \$20,000, be sent to prison, or both.*

Section II. Certifications to be completed by the Host Institution

_____ will verify enrollment status and confirm the following:

Host Institution

To be completed by the Registrar Office of the Host Institution:

I confirm the above referenced student is enrolled in the following classes (listed below) for the _____ semester/term and _____ is _____ is not degree seeking. Student enrolled in these courses on: _____

To be completed by the Financial Aid Office at Host Institution:

I confirm that the above-referenced student _____ will _____ will not receive financial aid for the applicable period mentioned above.

 Signature (Host Financial Aid Office)

 Title

 Date

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Section III. HOST INSTITUTION INFORMATION

Semester Enrolled: ___ Fall ___ Spring ___ Summer ___ Year

Name of School: _____

Total Number of Credit Hours: _____ Total Cost: _____

Section IV. UCO Advisement Certification of Host School Enrollment

I have reviewed the student's enrollment and have determined that the courses enrolled at the Host Institution are required for his/her course of study at UCO.

UCO Advisor Signature

Date

A copy of your enrollment printout that includes charges at the Host Institution must be attached.

<u>Course Number</u>	<u>Name of Class</u>	<u>Can this class be transferred to UCO</u>

In the box above, please list the course number, the name of the courses, and indicate if it can be transferred to UCO.

Please submit to:

**UCO Office of Student Financial Services
100 N. University Dr., NUC 141
Edmond, OK 73034
Phone: 405-974-2727
osfa@uco.edu**

Sensitive information, such as tax documents, and other personal identifiable information should be encrypted for protection when sent via email.

For Official Use Only:

T _____ S _____ I _____ C _____ E _____