CONSORTIUM AGREEMENT BETWEEN:

UMPQUA COMMUNITY COLLEGE (HOME) and ____________________________________________

(HOST):

Section 1: To Be Completed By Student

Student Name___________________________________________________________ UCC Student ID # ________________________________

Phone________________________ E-Mail____________________________________

Process:

- It is your responsibility to provide a copy of your Class Schedule and Billing Statement with this form.
- It is your responsibility to provide a copy of the transcript from the host institution at the end of the term; aid for following terms will not be released before your grades at both schools are checked at the end of the term.

Satisfactory Academic Progress (SAP) is federally mandated for all students receiving federal funding:

- Co-enrolled students will adhere to UCC’s SAP policy of completing 67% of combined attempted credits and maintain a 2.0 cumulative GPA.
- Co-enrollment requests will not be accepted for financial aid purposes after your aid has been applied to your UCC billing account.

Umpqua Community College (UCC) students who plan to concurrently enroll at a host institution during a term may use this form to document course work and costs at the host institution. Under this agreement, UCC will act as the home institution (the institution where the student has been officially admitted and where the student maintains at least half of his/her term-by-term credits). UCC will disburse financial aid, monitor Satisfactory Academic Progress, and report enrollment to the National Student Loan Clearinghouse. Only the home institution may disburse financial aid for the term.

Term of enrollment (select one term): □ SUMMER □ FALL □ WINTER □ SPRING

A new consortium agreement must be completed EACH term by the deadline, please select only one term of enrollment.

Term
Summer 2015
Fall 2015
Winter 2016
Spring 2016

Preferred Date to Submit By
June 8, 2015
September 14, 2015
December 14, 2015
March 14, 2016

Registered # of Credit Hours: UCC:__________ Host Institution:__________

Do not use this form if you are attending full time and you have 12 hours or more at UCC.
Consortium Agreement

PLEASE READ AND CONFIRM BY CHECKING THE BOXES BELOW:

☑ I will maintain at least half of the minimum credit load at UCC (6 if full time; 5 if three-quarter time; 3 if half time).

☑ I will enroll only in credits that lead to completion in the program that I declare as my major. I understand that audited classes do not count as enrolled hours for my financial aid.

☑ I authorize sharing of information regarding financial aid, grades, and other related academic issues between UCC and the listed host institution. I acknowledge my continued responsibility to ensure that the information on which my aid is based is complete and accurate.

☑ I understand it is against federal law to accept financial aid from BOTH institutions in the same academic term for ANY reason.

☑ I understand that any charges for tuition, fees, room and board and any other charges by the host institution will be my sole responsibility.

By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to $20,000, sent to prison, or both.

Student Signature_________________________________________ Date___________________

Section 2: To Be Completed By The Financial Aid Office at Host Institution

As the host school, we will not process financial aid for this student. We agree to share information about the student’s enrollment and to notify UCC Financial Aid Office of other financial aid being received by the student through our institution.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Number</th>
<th>Beginning and Ending Dates</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro to Probability and Statistics (Ex.)</td>
<td>MTH 243</td>
<td>06/23/2015 to 08/28/2015</td>
<td>4</td>
</tr>
</tbody>
</table>

Tuition per credit $:_______________ Total Number of Credits:_______________

Financial Aid Officer Signature_________________________________________ Date _____ / _____ / ______

Print Name_________________________________________ Title______________________ Phone _____________________

Please fax this form to 541.440.4612