



Umpqua Community College
 Financial Aid Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4602 | 541.440.4612 (FAX)
 FinancialAid@umpqua.edu

**2016-2017
 Consortium Agreement**

CONSORTIUM AGREEMENT BETWEEN:	
<i>UMPQUA COMMUNITY COLLEGE (HOME)</i> 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	Preferred Date to Submit By
Summer 2016	June 6, 2016
Fall 2016	September 12, 2016
Winter 2017	December 19, 2016
Spring 2017	March 20, 2017

Registered # of Credit Hours: **UCC:** _____ **Host Institution:** _____

 *Do not use this form if you are attending full time of at least 12 credit hours or more at UCC.*



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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 _____
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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.

Course Title	Course Number	Beginning and Ending Dates	Credit Hours
<i>Intro to Probability and Statistics (Ex.)</i>	<i>MTH 243</i>	<i>06/25/2016 to 08/25/2016</i>	<i>4</i>

Tuition per credit \$: _____ Total Number of Credits: _____

Financial Aid Officer Signature _____ Date ____ / ____ / ____

Print Name _____ Title _____ Phone _____

Please fax this form along with Class Schedule and Billing Statement to 541.440.4612