



CONSORTIUM AGREEMENT BETWEEN:
<i>UMPQUA COMMUNITY COLLEGE (HOME) and</i>
(HOST): _____

Section 1: To Be Completed By Student

Student Name _____ UCC Student ID # _____

Phone _____ E-Mail _____

Host School Student ID _____

Process, SAP & Terms and Conditions

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**; financial 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, maintain a 2.0 cumulative GPA, and complete declared major within 150% of allowed credits.
- Co-enrollment requests will not be accepted for financial aid purposes after your aid has been applied to your UCC billing account.

Terms & Conditions:

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.

A new consortium agreement must be completed EACH term by the deadline. Please select only one term of Enrollment.

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

<u>Term</u>	<u>Preferred Date to Submit By</u>
Summer 2023	- June 26
Fall 2023	- September 11
Winter 2024	- December 25
Spring 2024	- March 18

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.



Please indicate the reason that you have to take this course(s) at the host institution rather than at UCC.

Acknowledgement and Agreement

I agree to the Following: I am responsible for making required payment arrangements with the Host School. The Home School (UCC) will not pay the Host School directly for charges under this agreement. I cannot receive financial aid at two schools during the same term. I cannot change my enrollment without notifying the UCC Financial Aid Office.

I agree to submit a copy of my host schools class schedule and billing statement with this completed Consortium Agreement.

I must submit a copy of my grades from the Host School after completing the coursework and submit them to the UCC Financial Aid Office. I understand that this Consortium Agreement will take up to 10 working days to process after all required documentation is received. I have read, understand and agree with the **TERMS AND CONDITIONS** listed in this form in their entirety. I authorize the release of information between the Home School (UCC) and the Host School for purposes of processing this consortium agreement.

By signing below, I certify, under penalty of perjury 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.

Course Title	Course Number	Beginning and Ending Dates	Credit Hours
<i>Intro to Probability and Statistics (Ex.)</i>	<i>MTH 243</i>	<i>09/25/2023 to 12/08/2023</i>	<i>4</i>

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

Financial Aid Officer Signature _____ Date ____ / ____ / ____

Print Name _____ Title _____ Phone _____

Email _____

Please fax this form along with Class Schedule and Billing Statement to (541) 440-4612