

## Consortium Agreement

University of Kentucky and \_\_\_\_\_  
(Home School) (Host School)

### Section I

Name: \_\_\_\_\_ UK Student ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consortium Period:     Summer - 20\_\_\_\_ (1<sup>st</sup> session or 2<sup>nd</sup> session)     Fall - 20\_\_\_\_     Spring - 20\_\_\_\_

### Under this consortium agreement, the student will:

1. Be enrolled in a degree, certificate, or other recognized credential program at the Home School.
2. Maintain satisfactory academic progress.
3. Take courses at the Host School, which are transferable to his or her University of Kentucky degree, certificate, or recognized credential as certified by his or her Home School academic advisor.
4. Notify the University of Kentucky financial aid office if he or she does not begin attendance in the courses listed and approved in this consortium agreement.
5. Immediately inform the University of Kentucky and Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
6. Ensure that the Host School provides the University of Kentucky with a Host School academic transcript upon completion of the consortium period.
7. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
8. Pay tuition, fees, and other expenses as charged by the University of Kentucky and/or Host School.

List course(s) that you will be taking at the Host School which are applicable to your academic program at the University of Kentucky:

Course #	Course Title	Credits	Course #	Course Title	Credits

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section II

**AUTHORIZED OFFICIAL: (To be completed by UK Academic Advisor, Dean or Assistant Dean.)**

As an authorized official, I certify that the courses listed on this form are applicable to the student's University of Kentucky degree.

\_\_\_\_\_  
Authorized Official's Name (*PLEASE PRINT*)                      College                      Phone

\_\_\_\_\_  
Authorized Official's Signature                      Title                      Date

**Section III**

**Under this consortium agreement, the Host School (Name):** \_\_\_\_\_

Certifies the number of credit hours the student is taking: \_\_\_\_\_ Cost per hour \$ \_\_\_\_\_

Student's enrollment status while at the Host School:  Full Time  Three-quarter time  Half Time  Less than half time

<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>	<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>

Enrollment period dates: \_\_\_\_\_ to \_\_\_\_\_

Will the student receive any financial aid at your institution?  Yes  No

Type and amount of funding from Host School: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Full time budget at the Host school:**

Tuition and Fees: \$ \_\_\_\_\_ Books and Supplies: \$ \_\_\_\_\_

Room and Board: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_

**Under this consortium agreement, the Host School:**

1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.
2. Will provide the University of Kentucky with documentation of the student's enrollment.
3. Agrees to notify the University of Kentucky if the student fails to enroll in, or withdraw from, the Host School (to include the withdrawal date and other relevant information).
4. Will provide the University of Kentucky with an academic transcript upon completion of consortium period when requested by the student.
5. Our institution is approved by the Department of Education to participate in Title IV programs.

Host School Financial Aid Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Title IV school code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section IV**

**Under this consortium agreement, the University of Kentucky:**

1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Certifies that the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the University of Kentucky.
4. Will calculate returns of Title IV funds, when appropriate.
5. Will maintain Title IV record keeping and reporting requirements.
6. Certifies that the student is enrolled in a degree, certificate, or recognized credential at the University of Kentucky.
7. Agrees to accept the course work listed above toward the completion of the student's degree, certificate, or other recognized credential requirements.

University of Kentucky Financial Aid Officer's Signature: \_\_\_\_\_

Printed Name: Robin Gray Date: \_\_\_\_\_

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