

UNIVERSITY OF ARKANSAS - FORT SMITH CONSORTIUM AGREEMENT

BETWEEN

University of Arkansas - Fort Smith (Home School)	and	_____ (Host School)
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The Home School and the Host School listed above are hereby entering into a consortium agreement.

Section I – To be completed by the student (Please type or print)	
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Name:	UAFS I.D.:
Telephone Number: () -	
Name of Host School's Financial Aid Contact:	Fax Number for Financial Aid Contact:
Current Permanent Address:	Email Address for Financial Aid Contact:

Consortium Period: (Must be completed for each term prior to Studying Away) <input type="checkbox"/> Fall 2017 <input type="checkbox"/> Spring 2018 <input type="checkbox"/> Summer2018
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- Under this agreement, the student will:**
1. Be enrolled in a degree program at University of Arkansas - Fort Smith.
 2. Maintain satisfactory academic progress.
 3. Take courses at the Host School which are transferable to his/ her University of Arkansas - Fort Smith degree, as certified by his/her University of Arkansas - Fort Smith Academic advisor.
 4. Notify University of Arkansas - Fort Smith Financial Aid Office if he/ she does not begin attendance in the courses listed in section II of this agreement.
 5. Immediately inform University of Arkansas - Fort Smith 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 University of Arkansas - Fort Smith with an 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 University of Arkansas - Fort Smith and/or Host School.

Student's Signature: _____	Date: _____
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Section II – To be completed by University of Arkansas - Fort Smith Academic Advisor

Number of credit hours the student is taking at the **Host School**:

Student's enrollment status while at the Host School : <input type="checkbox"/> Full-time <input type="checkbox"/> Three-quarter time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time
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List the individual course(s) and credits the student is (will be) taking at the Host School, which are applicable to his/her academic program at University of Arkansas - Fort Smith:

Course	Credits	
_____	-	_____
_____	-	_____
_____	-	_____

- Under this agreement, University of Arkansas - Fort Smith:**
1. Certifies that the student is enrolled in a degree program at University of Arkansas - Fort Smith.
 2. Agrees to accept the course work listed above toward the completion of the student's degree requirements.

Advisor's Signature and Date: _____	Printed Name: _____
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Department: _____	Telephone: _____
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Section III – To be completed by University of Arkansas - Fort Smith Financial Aid Office**Under this agreement University of Arkansas - Fort Smith:**

1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) 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/her degree at University of Arkansas - Fort Smith
4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Will calculate returns of Title IV funds, when appropriate.
6. Will maintain Title IV recordkeeping and reporting requirements.

University of Arkansas - Fort Smith Financial Aid Officer's Signature:

Printed Name:

Date:

E-mail Address:

Telephone:

Section IV – To be completed by the Host School financial aid office

Will the student receive financial aid at your institution?

 Yes No

Type & amount of aid from Host School:

\$

\$

\$

Enrollment period dates: From:

to:

Number of credits student is enrolled for:

Student's enrollment status:

 Full-time Three-quarter time Half-time Less than half-time

Tuition & fees:

\$

Room & board: \$

Books & supplies:

\$

Transportation: \$

Misc. personal expenses:

\$

Other (specify): \$

Person at Host School to whom check(s) for payment should be sent:

Name:

Telephone:

E-mail Address:

Address:

Under this 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 make available applicable student consumer information required under Title IV.
3. Will provide UAFS with documentation of the student's enrollment at the Host School.
4. Agrees to notify UAFS if the student fails to enroll in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).
5. Will provide UAFS with a Host School academic transcript upon completion of the consortium period.

Host School Financial Aid Officer's Signature:

Printed Name:

Title:

E-mail Address:

Date:

Telephone:

Return this form to:

University of Arkansas - Fort Smith Financial Aid
5210 Grand Avenue, PO Box 3469
Fort Smith, AR 72913-3649 FAX: (479) 788-7095

Comments: