

UNIVERSITY OF HARTFORD

Financial Aid Consortium Agreement Graduate or Doctorate Student

This financial aid consortium agreement is required by the federal government for either postsecondary institution listed below to pay or process any forms of financial assistance for a student enrolled as a non-degree student at the **Host Institution** but is a matriculated graduate degree candidate at the **University of Hartford**.

Section 1: (To be completed by the student)

Name: _____ U.H. ID#: _____

Email Address: _____ Phone: _____

Address: _____ City: _____ State _____ Zip Code _____

Home Institution: University of Hartford Host Institution: _____

The University of Hartford will be referred to as the "Home" Institution throughout this document.
The "Home" Institution and the "Host" Institution names herein are entering into a consortium agreement.

The student is completing this form for the following semester (check one)

Fall

Spring

Summer

Proposed courses to be taken at the Host Institution during this semester

Course Number	Course Title	Credit Hours	Course Dates

All required items (front and back) must be completed before the University of Hartford Financial Aid Office can process any aid.

By signing below, I certify that all of the information reported on this document is complete & correct.

Student's Signature _____ Date _____

Student's Name _____ Last 4 Digits of SSN _____

Section 2: (To be completed by the Host Institution's Financial Aid Office)**Cost of Attendance:**

Tuition \$ _____
 Fees \$ _____
 Room & Board \$ _____
 Books/Supplies \$ _____
 Transportation \$ _____
 Personal \$ _____
 MISC \$ _____
 TOTAL \$ _____

Dates Of Enrollment: _____
 Financial Aid awarded by Host School: _____

 Number of credits: _____

 Comments: _____

Certification:

1. **University of Hartford** agrees to provide payment(s) to this student, if eligible, under Title IV Programs as appropriate for the term(s) specified.
2. The **Host** School agrees not to provide Title IV Program payments to this student during the term(s) specified and further agrees to notify the **University of Hartford** if the student withdraws from classes with the Host Institution.

Host Institution Name: _____

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Address: _____ City: _____ State _____ Zip Code _____

Signature: _____ Date: _____

Section 3: (To be completed by your Academic Advisor or Dean)

I confirm that the courses listed on page one, which will be earned at the Host Institution above, will be accepted toward the completion of the student's University of Hartford degree.

Name: _____ Title: _____

Signature: _____ Date: _____

Section 4: To be completed by the University of Hartford Financial Aid Office

1. Name of the University of Hartford College/School: _____
2. Is the student currently enrolled in a degree program: Yes ___ No ___
3. Is the student in good academic standing with his/her College: Yes ___ No ___
4. Has the student received approval from his/her College for the courses he/she proposes to take (listed in sec.1, confirmed by section 3) at that the Host Institution: Yes ___ No ___
5. Will the credits be accepted toward completion of the University of Hartford degree: Yes ___ No ___

Signature

Name

Title

Date