

# UNIVERSITY OF HARTFORD

## *Financial Aid Consortium Agreement Undergraduate 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 who is enrolled as a non-degree student at the **Host Institution** but is a matriculated undergraduate 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:**

**Attach signed and approved copy of the University of Hartford Permit for Transfer Credits form** which confirms that credits earned at the Host Institution will be accepted toward the completion of your degree.

**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