

# PURPOSE and DEFINITIONS

A *Consortium Agreement* is a contract between two institutions of higher education for the purpose of financial aid administration for a specific student and academic period. It acknowledges the registration of the student at each institution and certifies that only one of the two institutions will administer Title IV financial aid for the student. The student must also agree to the terms of the contract.

For the purposes of this *Consortium Agreement*, the **home institution** is the University of Missouri-Kansas City (UMKC). The **student** must be a degree-seeking UMKC student enrolled at least half-time at UMKC for the academic term covered by this agreement. The student must also be in good academic standing with UMKC. Students who have not met Satisfactory Academic Progress standards and/or are on Satisfactory Academic Progress Provisional Probation are not eligible for consortium agreements. The institution offering additional coursework to this student is the **host institution**.

## **INSTRUCTIONS: All information on this form must be typed or printed, except signatures.**

This form must be completed by *all parties* and returned to the **UMKC Financial Aid & Scholarships Office AT LEAST EIGHT (8) WEEKS BEFORE** the beginning of the term to provide sufficient time for awarding and disbursing financial aid in a timely manner.

### **Section A:** To be completed by student

1. Provide your name, UMKC student ID number, and permanent mailing address.
2. Indicate the term that you plan to enroll at the host institution. (e.g. Fall 2007 or Spring 2008)
3. Add information on the courses you plan to take at the host institution (for each course, provide course number, section, title, and credit hours).
4. Enter the full name of the college or university you will be attending as a visiting student.
5. Supply the full mailing address for that college or university, including zip code.
6. If in agreement with the certification statement, sign and date under **Student Certification**.

### **Section B:** To be completed by home institution (UMKC)

1. **UMKC Academic Department representative** of the school/college in which the student is seeking a degree: If agreeing to the home institution certification statement and the course (s) indicated,
  - (a) Sign and check the appropriate box for Advisor, Dean, or Department Chairperson.
  - (b) Print or type name and date.
2. **UMKC Registrar:**
  - (a) Check the appropriate box to indicate if the student is an undergraduate or a graduate student.
  - (b) Verify the student's academic standing and check the box, if in good standing.
  - (c) Provide the number of credit hours enrolled at UMKC for the contract term.
  - (d) Determine whether or not the courses listed by the student and agreed to by the student's dean or department chairperson are acceptable.
  - (e) If in agreement, sign, print or type name and date.
3. **UMKC Financial Aid Coordinator:** This agreement is not final until signed by a UMKC Financial Aid Coordinator.

### **Section C:** To be completed by host institution

1. **Host institution:** If you are in agreement with the information in Sections A and B,
  - (a) Enter the student's enrollment status and term of enrollment at your institution.
  - (b) Enter the beginning and ending dates of the term in which the student will be enrolled at your institution for the courses listed in Section B. Note: This agreement is applicable to a single academic term, not an academic year.
2. **Host institution Registrar or Registrar's Authorized Representative:** If in agreement with Sections A, B and C,
  - (a) Sign
  - (b) Print or type name and date.
3. **Host institution Financial Aid Officer:** If in agreement with the information in Sections A, B and C and,
  - Agree not to award or disburse financial aid to the student, except the aid provided by UMKC; and
  - Agree to receive any aid forwarded to you for the student and agree to confirm the student's enrollment in the courses listed in Section B, before disbursing the aid to the student through your bursar/cashier.
  - (a) Enter the total amount of all tuition/fees charged by your institution to the student for the courses listed, and attach a copy of the student's statement of tuition/fees charges.
  - (b) Check one of the boxes to indicate where the student will be living while attending your institution. If the student will be living in your dormitory or other institutional housing, enter the cost to the student for the period of enrollment.
  - (c) Enter the description and amount of any other costs charged by your institution for this student.
  - (d) Sign and print name, print date, and attach a copy of student's statement of fees/tuition charges.

## **Student: Return completed agreement to the UMKC Financial Aid and Scholarships Office**

Mailing address: 5100 Rockhill Road, Kansas City, MO 64110

Location address: 101 Administrative Center, 5115 Oak Street

# CONSORTIUM AGREEMENT

## Between Institutions for Administration of Financial Aid

### **A** Student's Information

Name: \_\_\_\_\_ UMKC Student ID#: \_\_\_\_\_  
(Last, First, Middle)

Permanent Mailing Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

Courses to be taken at the host institution: \_\_\_\_\_ Term you will enroll: \_\_\_\_\_

Course Number	Course Section	Title of Course	Sem. Cr. Hrs.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Full name of host institution: \_\_\_\_\_

Mailing Address of host institution: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

#### Student Certification

I understand that, by signing this agreement, I am asking UMKC to award my Title IV financial aid based on the classes that I agree to complete at the Host institution, in addition to the classes that I take at UMKC. I understand that this consortium agreement is applicable to the term of enrollment indicated above and that I will need to complete a new consortium agreement for any subsequent period of attendance at the Host institution. I agree to provide a grade transcript and give permission for the Host institution to provide an official grade transcript (for the enrollment period indicated above) to the University of Missouri-Kansas City at the end of the term. To the best of my knowledge, all information provided on this form is true and complete.

\_\_\_\_\_  
 Signature – Student \_\_\_\_\_  
 Date

### **B** Certification of agreement by home institution, University of Missouri – Kansas City

#### UMKC Registrar, please indicate the following:

Undergraduate /  Graduate     Good Academic Standing    Enrollment Status: \_\_\_\_\_

This is to certify that the student named above is in good standing at the University of Missouri – Kansas City and is currently enrolled at least half-time at UMKC for the contract term. He/she has our permission to take the courses listed above, which are required as part of his/her degree program, at the Host (visited) Institution during the enrollment period indicated above, and to transfer them back to this institution upon completion, to be applied toward his/her degree program.

Signature – UMKC <input type="checkbox"/> Advisor <input type="checkbox"/> Dean <input type="checkbox"/> Department Chairperson	Name (Typed or Printed)	Date
Signature – UMKC Registrar, 115 Administrative Center	Name (Typed or Printed)	Date
Signature – UMKC Financial Aid Coordinator, 101 Administrative Center	Name (Typed or Printed)	Date

### **C** Certification of agreement by host institution (visited)

We agree to the terms stated above. The student named has been admitted at this (the host) institution as a visiting student for the courses listed above.

Enrollment Status (at host institution): \_\_\_\_\_ Term of Enrollment: \_\_\_\_\_

Enrollment period of host institution: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
(Exact Mo., Day, Yr.) (Exact Mo., Day, Yr.)

The total fees/tuition charges for the student for the enrollment period and courses indicated above are\* \$ \_\_\_\_\_

\*(The host institution must ATTACH A COPY of the student's statement of fees/tuition charges.)

The student will be living in host institution dormitory or housing. The cost for the enrollment period is \$ \_\_\_\_\_

The student will be living with his/her parents during the period of enrollment at the host institution.

The student will be living off-campus during the period of enrollment at the host institution.

Other costs charged by the host institution are (describe): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature – host institution Registrar \_\_\_\_\_  
 Name (Typed or Printed) \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature – host institution Financial Aid Officer \_\_\_\_\_  
 Name (Typed or Printed) \_\_\_\_\_  
 Date