



UMKC Consortium Agreement for Financial Aid

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 Contract are not eligible for consortium agreements. The institution offering additional coursework to this student is the **host institution**.

INSTRUCTIONS:

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. Sections A and B must be fully completed before the Financial Aid Office can process the request. The student is solely responsible for returning a completed form to the office.

Section A:

1. Student:

- Provide your name, UMKC student ID number, and permanent mailing address.
- Indicate the term that you plan to enroll at the host institution. (e.g. Fall 2013 or Spring 2014)
- Add information on the courses you plan to take at the host institution (for each course, provide course number, section, title, and credit hours).
- Enter the full name of the college or university you will be attending as a visiting student.
- Supply the full mailing address for that college or university, including zip code.
- If in agreement with the certification statement, sign and date under **Student Certification**.

2. UMKC Academic Department representative: If agreeing to the home institution certification statement and the course(s) indicated,

- Sign and check the appropriate box for Advisor, Dean, or Department Chairperson.
- Print name and date.

3. UMKC Registrar:

- Check the appropriate box to indicate if the student is an undergraduate or a graduate student.
- Verify the student's academic standing and check the box, if in good standing.
- Provide the number of credit hours enrolled at UMKC for the contract term.
- Determine whether or not the courses listed by the student and agreed to by the student's dean or department chairperson are acceptable.
- If in agreement, sign, print name and date.

Section B: To be completed by host institution

1. Host institution: If you are in agreement with the information in Section A,

- Enter the student's enrollment status and term of enrollment at your institution.
- 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 A. 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 and B,

- Sign
- Print name and date.

3. Host institution Financial Aid Officer: If in agreement with the information in Sections A and B and, agree not to award or disburse financial aid to the student for the specified term, and to notify UMKC if the student's enrollment in any of the courses listed in Section A is altered during the covered term,

- 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.
- Enter the description and amount of books and any other costs (including housing) charged by your institution for this student.
- Sign and print name, print date, and attach a copy of student's statement of fees/tuition charges.

Section C: To be completed by home institution (UMKC)

UMKC Financial Aid Officer: This agreement is not final until signed by a UMKC Financial Aid Officer.

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; Fax (816) 235-5511

UMKC Consortium Agreement for Financial Aid (see instructions on page 1)

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: _____ **Semester/Term you will enroll:** _____

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

Full name of host institution: _____

Host institution address: _____
(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. I am solely responsible for returning a completed form to the office. To the best of my knowledge, all information provided on this form is true and complete.

 Signature – Student

 Date

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

UMKC Registrar, please indicate the following:

Undergraduate / Graduate Good Academic Standing # UMKC Credit Hours: _____

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 Advisor Dean Department Chairperson

 Name (Printed)

 Date

 Signature – UMKC Registrar, 115 Administrative Center

 Name (Printed)

 Date

B Certification of agreement by host institution (visited)

The student named has been admitted at this (the host) institution as a visiting student for the courses listed above. We agree not to award or disburse financial aid to the student for the specified term, and to notify UMKC if the student's enrollment in any of the courses listed is altered during the covered term. The host institution must **ATTACH A COPY** of the student's statement of fees/tuition charges.

Enrollment Status (at host institution): _____ Term of Enrollment: _____

Enrollment period of host institution: Beginning _____ Ending _____
(Month/Day/Year) (Month/Day/Year)

The total tuition & fees charged for the enrollment period indicated above are: \$ _____

Books, housing or other costs charged by the host institution are (please describe): _____ \$ _____

 Signature – host institution Registrar

 Name (Typed or Printed)

 Date

 Signature – host institution Financial Aid Officer

 Name (Typed or Printed)

 Date

C Certification of agreement by University of Missouri – Kansas City Financial Aid and Scholarships Office

 Signature – UMKC Financial Aid Officer, 101 Administrative Center

 Name (Typed or Printed)

 Date

This form is not final until it has been fully completed and signed by a UMKC Financial Aid Officer