



Consortium Agreement Host Institution Budget Sheet

Student Name: _____

Date of Birth: _____ Student ID #: _____

Enrollment Period / Semester of the Award Year (mark only one):

Fall: _____ Spring: _____ Summer: _____
YYYY YYYY YYYY

Beginning Semester Date: _____ **Ending Semester Date:** _____

Please complete the following using your university's actual cost of attendance for the period indicated.

<u>Semester of Consortium</u>	<u>Student Budget</u>
Actual tuition and fees for credits enrolled:	\$ _____
Room and Board for credits enrolled:	\$ _____
Books and supplies for credits enrolled:	\$ _____
Transportation for credits enrolled:	\$ _____
Personal, Misc. for credits enrolled:	\$ _____
Total	\$ _____

<u>Course Description</u>	<u>Credits</u>
_____	_____
_____	_____
_____	_____

I certify that the information provided above is accurate. I agree to notify the Office of Financial Aid at University of the West in writing if the student fails to register, reduces the number of enrolled credits or withdraws from any of these classes.

Printed Name and Title of Financial Aid Office Representative

Signature of Financial Aid Office Representative Date