



Consortium Agreement Pre-Application

Office of Financial Aid

For UWest students requesting to take classes at another Institution (Host)

Student Name: _____

UWest Student ID No.: _____ Social Security No.: _____

Address: _____

Home Phone: _____ Cell Phone: _____

University you plan to attend ("Host" Institution): _____

Name of Financial Aid contact at "Host" Institution: _____

Address of "Host" Institution: _____

Email Address of "Host" Institution contact: _____

Phone number of "Host" Institution: _____

Fax number of "Host" Institution: _____

Semester you are requesting the Consortium Agreement (Select one of the following semesters)

Fall _____ Spring _____ Summer _____ Date of attendance _____

Requirements for participation in a Consortium Agreement:

1. Student must be an admitted student with University of the West, in a degree seeking program.
2. Student must be participating in course work at the host institution under the Consortium Agreement. **Submitting this pre-application does not guarantee approval for the consortium agreement.**
3. Student must meet Satisfactory Academic Progress requirements:
http://www.uwest/financial_aid_handbook
4. The class (es) you wish to take at another college/university is/are required for your major. Authorization is required by your academic advisor in the department of your major. The "host" institution must be a Title IV Federal Financial Aid approved school.
5. Student is responsible for paying all fees to the Host institution
6. It is the student's responsibility to provide a final official transcript from the host institution to University of the West at the end of each enrollment period. Failure to submit your transcript will result in the cancellation of the consortium and the aid you received. If your aid is canceled, you are responsible for the charges on your UWest student account.
7. **Students are responsible for informing the Office of Financial Aid at UWest whenever you withdraw, drop, or cancel a consortium class.**



I understand that by signing this agreement, I am asking the Home institution to pay Title IV financial assistance to my student account for classes that I agree to complete at UWest and the host institution. I understand that at the end of this semester, I must submit an official transcript to University of the West indicating my grade(s) to confirm the successful completion of the course(s) taken. I understand that if I do not submit my official transcript, indicating my grade(s), my aid will be canceled and I will be responsible for the charges. To the best of my knowledge all of the information provided on this form is true and complete.

Student Signature _____ Date _____
Student's Academic Status (mark one): FR _____ SO _____ JR _____ SR _____ GR _____
Student's Program _____

On this Consortium Agreement, I intend to take the following courses to satisfy UWest major requirements:

| UWest Major Requirement: | "Host" Institution Course Equivalencies |
|--------------------------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Chair/Advisor Signature _____ Department _____ Phone _____

This student is currently in good academic standing. University of the West approves the classes indicated above and agrees to accept these as transfer credit, provided that the undergraduate student must earn grades of "C" or better and graduate students must earn grades of "B" or better in each course. During the Consortium Program, the student will be considered a student of University of the West and will be able to resume her/his studies at UWest upon completion of the Consortium Agreement.

Registrar Signature _____ Date _____

**** It is expected that the student will establish contact with the Host Institution representative. Should you be entered into an official consortium agreement, it is your responsibility to ensure the Host school completes and returns all required paperwork to UWest.**