

UH-SYSTEM CONSORTIUM AGREEMENT AMONG UH UNIVERSITIES/TEACHING CENTERS
 (CHECK THE TWO PARTICIPATING SCHOOLS, Complete a separate form for multiple schools (only those listed) and one for each semester of co-enrollment)

(Home School) Degree Granting School: ___ UH-MAIN ___ UH-DOWNTOWN ___ UH-CLEARLAKE ___ UH-VICTORIA

(Host School) Consortium School: ___ UH-MAIN ___ UH-DOWNTOWN ___ UH-CLEARLAKE ___ UH-VICTORIA

The two schools checked above are herein entering into a consortium agreement for:

Student Name (print) _____	Student ID #: _____	Telephone Number _____
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NOTE: This form must be completed for each semester and must be accompanied by a paid fee receipt indicating the courses being taken at the participating consortium partner in order to be processed so that you may receive financial aid.

Indicate the semester in which you are using this form: Fall 2011 Spring 2012 Summer 2011 or 2012

Dates of Summer Enrollment _____ **YOUR MAJOR:** _____

SECTION I – STUDENT CRITERIA & INSTRUCTIONS

The student must:

1. Take courses at the **Host School** that are transferable to their degree or certificate program at the **Home School** or be enrolled in a remedial course(s) that increases the student’s ability to pursue his/her program of study.
2. Be enrolled in a degree-granting program at **Home School** and making satisfactory academic progress as specified by their **Home School** Satisfactory Academic Progress policy.
3. Submit all aid forms pertinent to determining eligibility for aid awards for the appropriate academic period, including **PAID FEE RECEIPT** from the participating Host Institution for the correct semester in which the Consortium Agreement is being requested. Failure to furnish the paid fee receipt will cause a readjustment in your hours and financial aid.
4. Submit this form and your **PAID FEE RECEIPT** to **Home School**.
5. **NOT** be receiving financial aid at the **Host School**.
6. **Make independent arrangements for payment of enrollment expenses at the Host Institution** without reliance on emergency student loans or other forms of financial assistance from **Home School** (Financial aid cannot be disbursed until actual enrollment at Home and enrollment at Host Institution is verified). Home School does not pay your tuition at the Host School. It is the student’s responsibility to take disbursed refunds and pay tuition at **Host School**.

By signing this Consortium Agreement you agree to allow the Host Institution indicated above to provide the Home School’s Office of Admissions and Records with an Academic Transcript at the end of each semester for which this Agreement is submitted. Also with your signature you agree to the terms and requirements set forth in Section 1, Student Criteria and Instructions.



SIGNATURE: _____ **DATE:** _____

SECTION II- List Classes Taken at Host School	Section Below Completed by HOME Academic Advisor
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Student: Please list below the course(s) you are taking at the Host School that are applicable to your program at Home School. **These courses must correspond exactly with those listed on your paid fee receipt** from the consortium partner. **NOTE: A new form must be submitted should your courses change.**

To Be Filled Out By STUDENT

Course	Hours	Course Description

The above named student has permission to study at the above campus for the “enrollment period” stated. As indicated, his/her satisfactorily completed course credits will be transferred back to the home school. Note remedial courses taken, which have been designed to increase the student’s ability to pursue his/her program of study, will be included.

ADMINISTRATIVE USE

Transfer Eligible	Remedial	Not Eligible

Home School ADVISOR’S SIGNATURE	Printed Name	DATE SIGNED