

**CONSORTIUM AGREEMENT BETWEEN UHV**

AND only the following institution:

(CHECK ONE, Complete a separate form for multiple schools (only those listed) and one for each semester of co-enrollment)

Victoria College    
  Austin Community College    
  Houston Community College  
 Wharton County Junior College    
  Coastal Bend Community College

The University of Houston-Victoria and the school named above are herein entering into a consortium agreement for:

Student Name (print) _____	UHV 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 & class schedule indicating the courses being taken at the participating consortium partner.**

Indicate the semester in which you are using this form: Fall 2012  Spring 2013  or, Summer 2013:

Summer 2013: Session 1  Session 2  10 Week Session  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 UHV or be enrolled in a remedial course(s) that increases the student's ability to pursue his/her program of study. **NOTE: Virtual College of Texas (VCT) courses that are not offered on-site by the host institution, i.e., Victoria College, HCC, ACC, CBC, WCJC, are not eligible and will not be counted in the student's enrollment status regardless of their transferability to the student's degree or program.**
2. Be enrolled in a degree-granting program at UHV making satisfactory academic progress as specified by the UHV 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 AND CLASS SCHEDULE** 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 AND CLASS SCHEDULE** to UHV. We cannot process without the **PAID FEE RECEIPT AND CLASS SCHEDULE.**
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 UHV (Financial aid cannot be disbursed until actual enrollment at UHV and enrollment at Host Institution is verified). UHV does not pay your tuition at the host institute.**

By signing this Consortium Agreement you agree to allow the Host Institution indicated above to provide the UH-Victoria 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 College**

**Student:** Please list below the course(s) you are taking at the Host School that are applicable to your program at UHV. **These courses must correspond exactly with those listed on your paid fee receipt from consortium partner. NOTE: A new form must be submitted should your courses change.**

**To Be Filled Out By STUDENT**

**Do NOT List Virtual College of Texas (VCT) courses**

Course	Hours	Course Description

**Section Below Completed by UHV Academic Advisor**

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 University of Houston-Victoria. 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

<b>UHV ADVISOR'S SIGNATURE</b> _____	<b>Printed Name</b> _____	<b>DATE SIGNED</b> _____
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