



Umpqua Community College
 Financial Aid Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4602 | 541.440.4612 (FAX)
 FinancialAid@umpqua.edu

**2020-2021
 Consortium Agreement**

Home Institution: The institution from which you are seeking a degree and from which you intend to receive financial aid.
Host Institution: The institution where you are taking courses that apply towards the degree from the Home Institution.

CONSORTIUM AGREEMENT BETWEEN:

UMPQUA COMMUNITY COLLEGE (**HOME**) and
 (**Host**): _____

Section 1: To Be Completed By Student

Student Name _____ UCC Student ID # _____
 Phone _____ E-Mail _____
 Host School Student ID _____

Section 1: To Be Completed By Student


- Process:**
- It is **your responsibility** to provide a copy of your **Class Schedule** and **Billing Statement** with this form.
 - It is **your responsibility** to provide a copy of the transcript from the host institution at the **end of the term**; financial aid for following terms will not be released before your grades at both schools are checked at the end of the term.

Satisfactory Academic Progress (SAP) is federally mandated for all students receiving federal funding:

- Co-enrolled students will adhere to UCC's SAP policy of completing 67% of combined attempted credits, maintain a 2.0 cumulative GPA, and complete declared major within 150% of allowed credits.
- Co-enrollment requests will not be accepted for financial aid purposes after your aid has been applied to your UCC billing account.

Terms & Conditions:


Umpqua Community College (UCC) students who plan to concurrently enroll at a **host institution** during a term may use this form to document course work and costs at the host institution. Under this agreement, UCC will act as the **home institution** (the institution where the student has been officially admitted and where the student maintains at least half of his/her term-by-term credits). UCC will disburse financial aid, monitor Satisfactory Academic Progress, and report enrollment to the National Student Loan Clearinghouse. Only the home institution may disburse financial aid for the term.

 *A new consortium agreement must be completed EACH term by the deadline. Please select only one term of enrollment*

Term of enrollment (select one term): SUMMER FALL WINTER SPRING

Term	Preferred Date to Submit By
Summer 2020	- June 22
Fall 2020	- September 14
Winter 2021	- December 21
Spring 2021	- March 15

Registered # of Credit Hours: UCC: _____ Host Institution: _____

 *Do not use this form if you are attending full time of at least 12 credit hours or more at UCC.*



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Section 2: Acknowledgement and Agreement

- I will attach a copy of my registration or class schedule at the host institution. The Financial Aid office at your Host institution must document your registration, and sign this form.
- I will maintain a minimum of 6 credits at the Home institution for the entire term to be eligible to receive and keep your financial aid. If I drop any courses, my financial aid may be returned, creating a balance on my student account.
- I will have my Academic Advisor certify that the coursework at the Host institution is applicable to my degree plan.
- I will enroll in 100 level coursework or higher.
- I understand courses taken at the Host institution will be treated the same for Satisfactory Academic Progress (SAP).
- I will submit grades at the end of the term from the Host institutions Financial Aid Office. I understand that my financial aid for future terms will be held until the end of term grade(s) are received.
- It is my responsibility to report changes in enrollment during the term. If I drop all courses at both schools, the Home school will perform a Return of Title IV Funds calculation and may return funds to the department of education. This could result in a balance on my student account.
- I understand my financial aid will be disbursed according to the home institution disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.
- I am responsible for paying tuition, fees, and other charges to the Host institution.
- I understand and authorize both institutions to share information about your educational records.
- I understand that my Home school will only accept consortium agreement forms through the first week of each term.

By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student Signature _____	Date _____
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Section 3: To Be Completed By The Financial Aid Office at Host Institution

As the host school, we will not process financial aid for this student. We agree to share information about the student's enrollment and to notify UCC Financial Aid Office of other financial aid being received by the student through our institution.

Course Title	Course Number	Beginning and Ending Dates	Credit Hours
<i>(e.g.) Intro to Probability and Statistics</i>	<i>MTH 243</i>	<i>01/04/2021 to 03/20/2021</i>	<i>4</i>

Term of Enrollment: _____	Total Number of Credits: _____
Financial Aid Officer Signature _____	Date ____ / ____ / ____
Print Name _____	Title _____ Phone _____
Email _____	
Please fax this form along with Class Schedule and Billing Statement to 541.440.4612	