Please print clearly

@									

UTSA ID

Student's Last Name

Student's First Name

UTSA CONSORTIUM AGREEMENT 2008-2009

University of Texas at San Antonio – One UTSA Circle - San Antonio- Texas- 78249-0687 - (210) 458-8000

FinancialAid@UTSA.edu www.utsa.edu/financialaid/

Name: _____ **UTSA ID: @**_____

(Last, First, MI)

Last 4 Digits of SSN*: _____ **UTSA E-mail:** _____

EFFECTIVE FALL 2008, FORMS WILL NOT BE PROCESSED UNTIL CENSUS DATE.

Fall Submission Dates	Spring Submission Dates	Summer Submission Dates
July 15-October 30	December 1-March 1	April 15-June 30
Fall Census Date	**Spring Census Date**	**Summer Census Date**
September 12, 2008	January 28, 2009	June 9, 2009

Consortium Agreements allows students to take courses at another school (host school) that are transferable to their degree program at UTSA. Please read the following important information regarding Consortium Agreements:

- Student must be enrolled at least half time at UTSA
- Hours enrolled in at Host school *cannot* be greater than hours enrolled in at UTSA
- Student must be enrolled in a degree-seeking program at UTSA
- Satisfactory Academic Progress as specified by UTSA must be maintained by the student
- Student cannot be receiving Financial Aid at the host school
- Transcripts from the host school must be submitted to UTSA at the end of the semester
- Student must notify the UTSA Financial Aid Office of any dropped courses
- Students are responsible for paying all tuition and fees at the host school
- UTSA does *not* pay the host school
- Withdrawing from courses registered for at UTSA or host school will result in the cancellation of all or part of the student's financial aid
- Forms completed incorrectly will delay processing of Financial Aid
- Students must be enrolled in courses approved by their academic advisor (Step 3)
- Status of Consortium Agreement can be viewed in ASAP under "Financial Aid Eligibility"
- This form will not be processed until Census Date, but any form submitted afterwards will require approximately 2-3 weeks to process. Please note the due dates provided above
- Providing false information may result in reduced eligibility, repayment of aid, or both
- Please read each section and provide the required information to prevent any processing delays

STEP 1: Loan Certification (if applicable)

The changes resulting from your approved Consortium Agreement may increase your loan eligibility. Please confirm if you would like any changes to your loans once the agreement has been processed.

Type of Loan (if applicable)	**No**	**Yes**	**Amount** (if you are unsure about amount but would like maximum award, please write "full award.")
Subsidized Stafford Loan			
Unsubsidized Stafford Loan			

*Disclosure of your social security number (SSN) is requested from you in order for The University of Texas at San Antonio to access your student records. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in a delay in accessing your student record. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

Please print clearly

@								

UTSA ID

Student's Last Name

Student's First Name

STEP 2: Please submit the name of the host school:

This Consortium Agreement is being requested between UTSA and _____(host school).

STEP 3: Please have an Academic Advisor at UTSA complete the following:

1.) How many of the credit hours, which the student is taking at the HOST school, are applicable to their program at UTSA? _____
2.) Please identify applicable term (fall/spring/summer) _____
3.) Please list the course(s) the student is taking at the HOST school which is/are applicable to their program at UTSA:

Course Name and Number:	
Course Name and Number:	
Course Name and Number:	

3.) Please comment on reason(s) that the student needs to take these courses at another school:
_____

_____ _____ _____
(Academic Advisor Signature) (Printed Name of Advisor) (Telephone/E-mail)

STEP 4: Student Certification Statement:
My signature affirms that I understand that the processing of a consortium agreement requires the UTSA Financial Aid Office to confirm my enrollment at the host school on **Census date**. I also understand that the financial aid will not be disbursed until after that confirmation is complete. I understand this will delay my financial aid refund that matches the combined enrollment until approximately 1 week after census date for Fall 2008.

Student Signature:_____ Date:_____

After you have completed steps 1-4, please return the form to UTSA.

********** STOP **********

Information to be completed by the host school at the request of UTSA:

1.) Will the student receive financial aid at your institution? If "YES", STOP. Do not complete the remainder of this form and return to UTSA. Yes_____ No_____
2.) Complete the following tables:

TABLE 1:

Dates of Enrollment for This Agreement	
Number of Weeks of Instructional Time	

TABLE 2:

Tuition and Fees per Credit Hour	$
Books and Supplies per Credit Hour	$
Room and Board	$
Transportation	$
Personal Expenses	$
Child Care	$
TOTAL	**$**

3.) UTSA Office of Student Financial Aid will be notified by the HOST school if the student withdraws from any courses taken under this agreement: Yes____ No_____
4.) Authorized Signature of financial aid representative at the host school:

_____ _____ _____
(Signature) (Print) (Title)

Revised on 5/23/2008