@ | UTSA ID | Student's Last Name | Student's First Name

# 2009-2010 UTSA Consortium Agreement

Office of Student Financial Aid and Enrollment Services (SFAES)
University of Texas at San Antonio, One UTSA Circle, San Antonio, Texas 78249-0687
1-800-669-0919 Fax (210) 458-4638 financialaid@utsa.edu www.utsa.edu/financialaid

**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 11, 2009 | January 27, 2010 | June 4, 2010 |

**Consortium Agreements allow 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 remain enrolled at least half-time at UTSA (6 credits)
- Hours enrolled 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
- 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 SFAES of any dropped courses
- Students are responsible for paying all tuition and fees at the host school; UTSA does *not* directly pay the host school
- Withdrawing from courses 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"
- Processing of this form will not begin until Census Date, and 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

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**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.

**If you are interested in receiving additional Stafford loans than you were originally awarded, please complete the section below:**

_____ I am interested in receiving additional subsidized Stafford loans in the amount of $_____. You may say "full award."

_____ I am interested in receiving additional unsubsidized Stafford loans in the amount of $_____. You may say "full award."

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**STEP 2: PLEASE SUBMIT THE NAME OF THE HOST SCHOOL**

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

**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.

OFFICE USE ONLY

Date Received in SFAES: _____

Entered on RRAAREQ by: _____

Processed by: _____

| @ | | | | | | | |
|---|---|---|---|---|---|---|---|

UTSA ID

Student's Last Name

Student's First Name

**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 his/her program at UTSA

| | |
|---|---|
| **Course Name and Number:** | |
| **Course Name and Number:** | |
| **Course Name and Number:** | |

4.) 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**

***Your signature on this document confirms your acknowledgement of the following:***

- I understand the procedures as detailed above and that my financial aid will not disburse until the host school certifies this form and returns it to UTSA after census date.
- During peak seasons, there may be a four week processing time for the request.

Student Signature:_____ Last 4 Digits of SSN*: _____ Date:_____

*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.

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

********** STUDENT STOP HERE**********

## 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 & Enrollment Services (SFAES) 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 Name) (Title)

OFFICE USE ONLY

Date Received in SFAES: _____

Entered on RRAAREQ by: _____

Processed by: _____

RRAAREQ Code: **CONSRT, CONSR2, CONSR3**

Revised on 4/23/2009

Webx Code: **FA_CONSORT_AGREE_LTR**