

If you are seeking a degree or certificate from the University of Baltimore (UB) and plan to enroll at another school this semester, please complete this form, have your academic advisor sign it, and return it to the Office of Financial Aid. This consortium agreement will allow UB to disburse financial aid based on your combined enrollment at both institutions. You will receive your financial aid through the UB Office of Financial Aid. Funds/potential financial aid refunds do not transfer automatically; you are responsible for paying the host institution. All disbursement activity happens in accordance with the UB Financial Aid Calendar.

In order to qualify for a Consortium Agreement, **you must be enrolled at least half-time at UB**. There is **no need to complete a Consortium Agreement if you are already enrolled full-time at UB** as you will already receive the maximum amount of financial aid for which you are eligible. Exceptions to this required enrollment may be considered for study abroad students and law students visiting other institutions. **UB institutional grants and scholarships will not be adjusted based on any courses taken at other institutions; only your UB enrollment will be considered for these awards.** If you are taking a course(s) at another USM institution, you should consider enrolling via Inter-Institutional Registration through the Office of the University Registrar.

Last Name _____ *First Name* _____ *M.I.* _____ *Student ID Number (begins with 1 or 3)* _____

Email Address _____ *Telephone Number* _____ *Date of Birth* _____

Deadline to submit this Consortium Agreement: **Fall 2018: 09/04/2018**
Spring 2019: 02/04/2019

Semester: _____

Host Institution: _____

How many credits are you enrolled in at UB this semester*? _____

Why are these courses not being taken at UB? _____

***As a reminder, you MUST enroll half-time at UB to qualify for this Consortium Agreement. You do not need to complete this form if you are enrolled full-time at UB.**

Please list the course(s) you are taking at the host school, course number, and the number of credits for each that will be transferred to UB and count towards your UB program of study.

| Name of Course | Course Number | Credits |
|----------------|---------------|---------|
| | | |
| | | |
| | | |
| | | |

By signing below, I am confirming the credits the student is taking at the host institution will transfer back to UB, are applicable to the student's program of study, and are required for graduation.

UB Academic Advisor Signature _____ *Printed Name* _____ *Phone Extension* _____

UB Email Address _____ *Academic Department* _____ *Date* _____

ub OFFICE OF FINANCIAL AID **2018-2019 Consortium Agreement/Host Institution Form**

This student is seeking a degree or certificate from the University of Baltimore (UB) and plans to enroll at the host school listed below. This consortium agreement will allow UB to disburse financial aid based on the student's combined enrollment at both institutions. UB is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all UB charges are paid, UB will refund any excess aid to the student. The student is responsible for paying the host institutions charges. You must submit a copy of your course registration at your host institution to UB with this completed form.

Last Name *First Name* *M.I.* *Student ID Number (begins with 1 or 3)*

Email Address *Telephone Number* *Date of Birth*

Student Responsibilities

- Student must notify the UB Office of Financial Aid if you do not enroll and/or complete these courses.
- Student must also submit Permission to Transfer Outside Courses form from their UB Academic Advisor.
- Student understands and accepts responsibility for payment obligations at the host school.
- Student **must be enrolled at least half-time at UB** during the semester of this consortium agreement.

By signing below, I acknowledge I have read, understand, and agree to abide by the terms and procedures of the consortium agreement. I hereby authorize the host institution to release the requested information to UB on my behalf to complete this process.

Student signature *Date*

HOST SCHOOL FINANCIAL AID OFFICE SECTION

| Course Name (or attach schedule) | Course Number | Credits | Course Start Date | Course End Date | Last Day to Drop Course |
|----------------------------------|---------------|---------|-------------------|-----------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Tuition and Fees: \$ _____
 Room and Board: \$ _____
 Transportation/Parking: \$ _____
 Books and Supplies: \$ _____
 Other: \$ _____
 Total COA for Period: \$ _____

**Please fax the completed form
 back to UB at
 410.837.5493
 or email it to
 financialaid@ubalt.edu**

The Office of Financial Aid of the host school agrees to complete this form, confirm enrollment, inform UB if the student withdraws from these courses, and to not give the student any Title IV aid during this enrollment period.

Authorized Signature *Printed Name* *Phone Number*

Signatory's Title *Host Institution* *Date*