2026-2027 Consortium Agreement / UB Advisor Consent

If you are seeking a degree or certificate from the University of Baltimore (UBalt) 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 UBalt to disburse financial aid based on your combined enrollment at both institutions. You will receive your financial aid through the UBalt 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 UBalt Financial Aid Calendar.

In order to qualify for a Consortium Agreement, **you must be enrolled at least half-time at UBalt**. There is **no need to complete a Consortium Agreement if you are already enrolled full-time at UBalt** 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. **UBalt institutional grants and scholarships will not be adjusted based on any courses taken at other institutions; only your UBalt 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*

The Consortium Agreement deadline is the Census Date of every semester. To see this semester's deadline, please view our Census Webpage.

Semester: _____

Host Institution: _____

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

Why are these courses not being taken at UBalt? _____

_____

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

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 UBalt and count towards your UBalt program of study.

Name of Course	Course Number	Credits

_____

UBalt Academic Advisor Signature *Printed Name* *Phone Extension*

_____

UBalt Email Address *Academic Department* *Date*

2026-2027 Consortium Agreement Host Information Form

This student is seeking a degree or certificate from the University of Baltimore (UBalt) and plans to enroll at the host school listed below. This consortium agreement will allow UBalt to disburse financial aid based on the student's combined enrollment at both institutions.
UBalt is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all UBalt charges are paid, UBalt 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 UBalt 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 UBalt 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 UBalt** during the semester of this consortium agreement.
- Student understands that if the class(es) are not transferred to UBALT within 30 days after the term ends, the Office of Financial Aid will rescind previously awarded and disbursed aid.

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 UBalt 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 UBalt 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*