



Student Financial Aid Office
University of Cincinnati
PO Box 210125
Cincinnati, OH 45221-0125
(513) 556-1000
(513) 556-9171 fax
<https://financialaid.uc.edu/>

Financial Aid Consortium Agreement

Between the University of Cincinnati and (**Host Institution**) _____
this consortium agreement is entered into as allowed in Student Assistance General Provisions for the purpose of providing federal assistance.

TO BE COMPLETED BY THE STUDENT

Name _____

Student UCID/(M#) _____

Home Address _____

City _____ ST _____ Zip _____

Phone (_____) _____

E-mail _____

Check One: ☐

Transient Student

(Taking classes to
transfer back to UC)

☐

Dual Attendance

(Attending 2 schools at the same
time)

☐

Study Abroad

(Attending non-US school via Title
IV school or program)

Home/Degree Granting Institution _____ University of Cincinnati (UC) _____

Circle One*
Aid? Y N

Host/Visited Institution _____

Aid? Y N

Period of Attendance _____ to _____

* I realize I can only receive aid at one institution and that I am responsible for any fees at all institutions not covered by my financial aid. It is my responsibility as the student to ensure that my aid is in order prior to billing due dates if I expect aid to cover all or part of my fees. Further, I understand I must comply with all home and host institutions' academic and financial policies to include submission of official academic transcripts for the period of attendance. Failure to provide transcripts will limit aid eligibility for future terms.

Signature **Only** (Don't Print Name) _____

Date _____

This agreement should be completed by the student, academic advisor, and host institution before being submitted to home institution.

TERMS OF THE AGREEMENT

By signing the agreement, the host institution agrees that the named student has been accepted for enrollment. The host institution further agrees to notify the home institution if the student withdraws from the program or drops below the number of credit hours specified on page two of this agreement. The host institution will provide, upon the student's request, an official academic transcript that will serve as evidence of satisfactory conclusion of the program.

The institution awarding aid agrees to determine the student's eligibility based on the cost of education at the host institution and maintain all financial aid records in accordance with federal aid regulations. This institution will also provide payment to the non-awarding institution and process any refunds and/or repayments resulting from a student's withdrawal from classes.

The institution not providing aid agrees to withhold processing any federal or state financial aid for the student during the period of enrollment noted.

This document has been drawn up to comply with all pertinent federal, state and University of Cincinnati regulations.

An affirmative action/equal opportunity institution [REDACTED]

TO BE COMPLETED BY STUDENT & ACADEMIC ADVISOR

Course(s) to be taken at Host School	Credits	Term*		Credit Type*		
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective
		Qtr	Sem	Major	Gen Ed	Elective

*Circle appropriate responses

Is this student in good academic standing with the home institution?

Circle One

Y N

Upon successful completion, will the above credits be accepted toward the student's degree program?

Y N

Academic Advisor Signature (Home Institution) Name (Print)

Title

()

College/Program

Phone

Email

Transfer Credit policies of the home institution apply. Final transfer credit determination (and continuation of financial aid) requires submission of official transcripts.

TO BE COMPLETED BY THE HOST INSTITUTIONTuition (**ONLY**): \$ _____

Term/Semester of Enrollment: (Mark with an X)

Fees (**ONLY**): \$ _____

Fall _____ Spring _____ Summer _____

Tuition and Fees **TOTAL**: \$ _____

Academic Year _____

Room & Board: \$ _____

Program Start Date (MM/DD/YYYY) _____

Other Expenses: \$ _____

Program End Date (MM/DD/YYYY) _____

TOTAL: \$ _____

Total Hours Enrolled _____

Status (circle one): FT 3/4 1/2 Less

School Name and Address

Representative Signature

Name (print)

Title

()

()

E-mail

Phone

Date



Checking here and signing below indicates the above school is eligible to award Title IV funds (though they may not be awarding such funds to this student); schools ineligible to award Title IV funds must instead complete the UC Financial Aid Contractual Agreement.

TO BE COMPLETED BY THE UNIVERSITY OF CINCINNATI

Term of enrollment: _____ quarter/semester of the _____ academic year.

Student's academic status (circle one): FR SO JR SR GR

University of Cincinnati

PO Box 210125 Cincinnati, OH 45221-0125

School Name and Address

Financial Aid Representative Signature

Name (print)

Title

SFAO-STAB@ucmail.uc.edu

(513) 556-1000

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Email

Phone

Fax

Date

This agreement must be complete and on file before any funds are released.