

## **Domestic Consortium Agreement Information**

A Consortium Agreement is a contract between the student, the University of Connecticut (UConn) and another college/university (Host Institution). The agreement allows the Office of Student Financial Aid Services (OSFAS) to process financial aid based on the combined registered credits at both colleges for a given semester. In order for all credits to be taken into consideration, a Consortium Agreement must be in place between UConn and the Host Institution. The process for obtaining a Consortium Agreement is as follows:

University of Connecticut Student Financial Aid Services 233 Glenbrook Road Unit 4116 Storrs, CT 06269-4116

**Fax Completed Form To:** (860) 486-6629

Phone: (860) 486-2819 E-mail: financialaid@uconn.edu Website: financialaid.uconn.edu

- All financial aid recipients who plan to complete their enrollment at UConn by registering for additional courses at another institution must submit a Domestic Consortium Agreement Request form in order for the additional courses to be counted toward enrollment for financial aid purposes. This form and process is not applicable for a student who is enrolled full-time at UConn. At least six credits must be taken at UConn for the consortium semester.
- 2. The course(s) taken at the Host Institution must be transferable to UConn in the student's program. The student's advisor will document this by completing the advisor section of the Domestic Consortium Agreement Request form.
- 3. To ensure timely processing of the consortium request, students are strongly encouraged to submit the request form prior to the start of the consortium semester, as the completed agreement must be in place by the last day of Add/Drop.
- 4. The OSFAS will notify the student via their UConn email regarding the approval or denial of the request.
- 5. If the request for a Domestic Consortium Agreement is approved, the Domestic Consortium Agreement will be sent to the Host Institution to be completed and returned. The completed Domestic Consortium Agreement must be returned by the Host Institution to Student Financial Aid Services before UConn's last day of Add/Drop for the consortium semester. Forms received after this date may not be processed.
- 6. Once the completed Domestic Consortium Agreement is returned, it will be reviewed and the student's financial aid will be revised to reflect the student's enrollment at the Host Institution. Financial aid revisions based on the student's total enrollment will not be evaluated before the completed consortium agreement is received and approved by UConn.
- 7. Financial aid funds will be applied to the UConn semester fee bill. It is the responsibility of the student to arrange payment for classes taken at the Host institution(s), as well as any UConn charges not covered by financial aid.
- 8. The OSFAS will verify actual student enrollment at the Host Institution as of the Fixed Enrollment date (10<sup>th</sup> day of classes) at UConn and every 30 days thereafter during the consortium semester.
- 9. Student must request transfer of Host Institution credits by contacting the UConn Office of Undergraduate Admissions applicable deadlines listed on the <u>Undergraduate Admissions website</u>.
- 10. If the request for a Domestic Consortium Agreement is denied, the student's financial aid will be based on his/her enrollment as of UConn's Fixed Enrollment date (10<sup>th</sup> day of class).

For additional information regarding consortium agreements, please contact the Office of Student Financial Aid Services.

## DOMESTIC SONSORTIUM AGREEMENT REQUEST

**Financial Aid Services** 

**STUDENT:** Complete Sections 1, 2 & 3 **ADVISOR:** Complete Section 4

University of Connecticut Student Financial Aid Services 233 Glenbrook Road Unit 4116 Storrs, CT 06269-4116

ADVISOR: Complete Section 4		Fax Completed Form To: (860) 486-6629
SECTION 1: Student Information		Phone: (860) 486-2819 E-mail: financialaid@uconn.edu
Last Name	First Name	Website: financialaid.uconn.edu
Student ID	Telephone Number	
Host Institution Name	Enrollment Period (semester)	Host Institution Fax Number
SECTION 2: Student's Certification	1	I
I am requesting that a Domestic Consortium Agreeme Host Institution for the enrollment period (semester) I ha		(UConn) Home Institution to the
As a matriculated student at UConn, I understand that al	l credits must be transferable to UConn and a	pply toward my degree requirements.
I further understand that it is my responsibility to make signed/approved Consortium Agreement is received by student account.		
Failure to successfully complete any/all courses at the Agreement signed by both UConn and the Host Instituti semester or my UConn financial aid package will be ad	on must be in place no later than UConn's la	st day of Add/Drop for the consortium
I understand that UConn will verify my registration at the that my aid may be adjusted if my enrollment does not Institution credits through UConn's Office of Admissi Admissions website.	match the Domestic Consortium Agreemen	t. I must request transfer of the Host
I have read and understand all of the guidelines, and Agreement.	certify that I meet all of the requirements fo	r requesting a Domestic Consortium
Student's Signature	Date	
SECTION 3: Registration Information		
Specify the <b>number of credits</b> to be ta	ken at UConn ( <b>six credits minimum</b> ) for the	e semester identified in Section 1.
Specify the <b>number of credits</b> to be taken at the Host Institution for the semester identified in Section 1.		
Specify courses to be taken at Host Institution (List na	me and number. Example: CHEM 1100)	
SECTION 4: UConn Advisor's Certification		
I certify that the courses listed above to be taken at the "Host Institution" are transferrable to UConn, and will apply toward the student's degree requirement.		

Advisor's Signature /Department

Print Advisor's Name

Date