

## Domestic Consortium Agreement Information

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](mailto:financialaid@uconn.edu)  
**Website:** [financialaid.uconn.edu](http://financialaid.uconn.edu)

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:

1. 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 (6)** 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 Domestic Consortium Agreement Request 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 Domestic 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 at various times thereafter during the consortium semester.
9. The student must request the transfer of Host Institution credits by contacting the UConn Office of Undergraduate Admissions in accordance with the applicable deadlines listed on the [Undergraduate Admissions website](#).
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 classes).

For additional information regarding Domestic Consortium Agreements, please contact the Office of Student Financial Aid Services.

# DOMESTIC CONSORTIUM AGREEMENT REQUEST

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

**INSTRUCTIONS:** Please complete this form and submit to the Office of Student Financial Aid Services

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

**STUDENT:** Complete Sections 1, 2 & 3

**Phone:** (860) 486-2819

**ADVISOR:** Complete Section 4

**E-mail:** [financialaid@uconn.edu](mailto:financialaid@uconn.edu)

**Website:** [financialaid.uconn.edu](http://financialaid.uconn.edu)

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID	Telephone Number	
Host Institution	Enrollment Period (semester)	Host Institution Fax Number

**SECTION 2: Student's Certification**

I am requesting that a Domestic Consortium Agreement be sent by the University of Connecticut (UConn), the **Home Institution**, to the Host Institution for the enrollment period (semester) I have referenced in Section 1 of this form.

As a matriculated student at UConn, I understand that all credits must be transferable to UConn and apply toward my degree requirements.

I further understand that it is my responsibility to make arrangements to pay any tuition and fee charges at my Host Institution. Once the signed/approved Consortium Agreement is received by UConn, applicable financial aid will be credited by the Bursar's Office to my UConn student account.

Failure to successfully complete any/all courses at the Host Institution could affect my financial aid offer. The Domestic Consortium Agreement signed by both UConn and the Host Institution must be in place no later than UConn's last day of Add/Drop for the consortium semester or my UConn financial aid offer will be adjusted based on my enrollment only at UConn.

I understand that UConn will verify my registration at the Host Institution as of UConn's Fixed Enrollment date (10<sup>th</sup> day of classes) and that my aid may be adjusted if my enrollment does not match the Domestic Consortium Agreement. I must request transfer of the Host Institution credits through UConn's Office of Undergraduate Admissions in accordance with the applicable deadlines listed on the [Undergraduate Admissions website](#).

I have read and understand all the guidelines and certify that I meet all the requirements for requesting a Domestic Consortium Agreement.

\_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3: Registration Information**

\_\_\_\_\_ Specify the **number of credits** to be taken at UConn (**6 credits minimum**) for the semester identified in Section 1.

\_\_\_\_\_ Specify the **number of credits** to be taken at the Host Institution for the semester identified in Section 1.

Specify courses to be taken at Host Institution (List name 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 transferable to UConn, and will apply toward the student's degree requirements.*

\_\_\_\_\_

Advisor's Signature / Department \_\_\_\_\_ Print Advisor's Name \_\_\_\_\_ Date \_\_\_\_\_