



University of the Incarnate Word
Office of Financial Assistance Consortium Agreement
 Between
University of the Incarnate Word
 And

CONSRT

Name of Host Institution

UIW and the school named above are herein entering into a consortium agreement for:
(Black Ink Only)

Name of Student: _____ SSN: _____

Telephone Number: _____ Term/Semester: _____

To be completed by student's Academic Advisor:

Please list the course(s) to be taken at the Host Institution that are applicable to their program at UIW:

Course Name:	Number of Credit Hours:	Course Will Transfer to UIW As:

I certify that the course(s) listed above are required for and will transfer to the student's degree plan at UIW.

 Academic Advisor's Printed Name

 Academic Advisor's Signature

 Academic Department

 Telephone/email address

To be completed by Host Institution:

Will the above student receive financial assistance at your institution? Yes No

Will your office notify UIW if the student withdraws from the coursework at the Host Institution covered in this agreement? Yes No

Has the last day to drop courses with a refund passed? **(Please do not process this request until after your last day to drop with a refund.)** Yes No

Dates of Enrollment for this Agreement	Begin:	End:
Number of Weeks of Instructional Time		
Tuition and Fees per credit hour	\$	
Books and Supplies per credit hour	\$	
Total	\$	
Last Day to Drop With a Refund		

 Host Institution's Financial Assistance Signature

 Financial Officer's Printed Name

 Telephone/email address

 Date

Please return this form to:
 UIW Office of Financial Assistance
 4301 Broadway, CPO 308
 San Antonio, Texas 78209
 Fax: 210-283-5053

UIW OFFICE OF FINANCIAL ASSISTANCE USE ONLY

Host Institution Registration:		Registrar Approval (SPACMNT):	
Degree-seeking (RSIAPPL):		SAP status (ROASTAT):	
File Complete (RRAAREQ):		UIW hours sufficient (ROAENRL):	
Date Faxed to Host Institution:		Date Received from Host Inst.:	
Budget updated (RBAABUD):		ROAENRL: hours, consrt. indicator	
Aid disbursed (RPAAWRD):		Loans released (if applicable):	
RHACOMM:		Transcript received:	
Processed by:		Date completed:	

**University of the Incarnate Word
Office of Financial Assistance Consortium Agreement
(Black Ink Only)**

Name of Student: _____ Student ID: _____

Telephone Number: _____ Term/Semester: _____

Consortium agreements are available for students who must take a course or courses at another institution for a semester while simultaneously enrolled at UIW.

Consortium requests are reviewed by the Office of Financial Assistance for approval or denial. This request is not guaranteed to be approved for financial assistance purposes. Students must complete this form for each semester or term for which they wish to receive financial assistance under a consortium agreement.

Instructions:

1. Complete this form (both pages) and turn it in to the Office of Financial Assistance. You must attach a copy of your registration at the Host Institution for the term or semester for which you are applying for a consortium.
2. Complete a *Request to Study at Another Institution* with the Office of the Registrar. Your request must be approved before the Office of Financial Assistance can process this consortium request.
3. You must be simultaneously enrolled in an equal or greater number of credit hours at UIW than at the host institution to receive Pell grants (if eligible), *and must be enrolled at least half-time (Undergraduate students: 6 hours, Graduate students: 4 hours) at UIW to receive loans.*
4. You must meet UIW Satisfactory Academic Progress requirements.
5. You must submit grade transcripts at the end of the term or semester from your Host Institution. Failure to do so could result in a reversal of the financial assistance you received for the affected term.
6. You must not apply for and receive financial assistance at the Host Institution during the same term or semester.
7. Your consortium agreement request will not be processed by the Host Institution until the last day to drop with a refund has passed for the affected term or semester. You are responsible for making the necessary arrangements at your Host Institution to ensure your registration is not dropped for non-payment.
8. You must notify the Office of Financial Assistance immediately if your registration at the Host Institution changes (add, drop, etc.)

Please complete the following:

I am enrolled in a degree-seeking program at UIW: Yes No

I have submitted a Request to Study at Another Institution to the Office of the Registrar: Yes No

I am enrolled at the Host Institution and have attached a copy of my registration: Yes No

I am taking this course(s) at the Host Institution for the following reason(s):

I certify the above to be true and correct. I understand and will abide by the policy listed above. I understand that my request is subject to approval before financial assistance can be adjusted. **I will notify the Office of Financial Assistance immediately if my registration at the Host Institution changes.**

Student Signature

Date