

Consortium Agreement Check Sheet

- _____ I am completely admitted.
- _____ I have completed at least one semester and am in good academic standing at UM Western.
- _____ I am meeting Financial Aid Satisfactory Academic Progress.
- _____ I have applied for Financial Aid.
- _____ I am enrolled in a minimum of 3 credits at UM Western.
- _____ I am registered at another institution (Host Institution) & my registration is attached to my UMW Application Consortium Agreement.
- _____ I have completely filled out the top of the consortium agreement.
- _____ I have listed all courses to be taken and obtained my Department Chair's or Advisor's signature to ensure my classes are valid toward my degree at UM Western. (Federal aid can only pay for courses required for your degree at UMW).
- _____ I have had the HOST Financial Aid Office fill out their portion of the consortium agreement.
- _____ I have signed the consortium agreement by completing the Student Certification.

The final step is to mail the consortium agreement to the following address:

University of Montana Western
Financial Aid Office
710 S. Atlantic St.
Dillon, MT 59725 or
Fax: 406-683-7510

The University of Montana Western

Application for Consortium/Contractual Agreement

I _____, SS# _____ - _____ - _____, Phone # _____ request that a consortium/contractual agreement be made on my behalf for _____ semester, 20____, between:

1. Host Institution AND Home Institution

The University of Montana Western
710 South Atlantic
Dillon, Montana 59725
FAX: 406 683-7510

Classes to be taken at the Host Institution:

Class #	Class Name	Credits	Course Delivery	Class Substitution	Home Credits:
_____	_____	_____	_____	_____	# of Credits enrolled at UMW_____ . I must be enrolled in a minimum of 3 credits.
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

I certify the above-named student has been approved for course work at the Host School and that the credits **are required** and will be accepted toward the student's degree in _____ at UM Western.

Advisor's Signature Printed Name/Title Date Telephone

- The institutions named here agree to enter into an agreement as allowed by Part 668.19, Student Assist. Gen. Provisions.
- The Host institution agrees **NOT** to provide financial assistance to the student for the term as listed.
- In case the student withdraws from school **OR** fails to begin attendance, the Host institution agrees to promptly notify the Home institution (UMW) in writing so that adjustment or cancellation of aid can be made where appropriate.

2. Completed by Financial Aid at Host Institution		3. Home Institution Section	
Total Credits _____ Semester or Quarter		Total Credits _____ Semester	
Period of Enrollment-From _____ To _____		Period of Enrollment-From _____ To _____	
Tuition & Fees	\$ _____	Tuition & Fees	\$ _____
Books & Supplies	\$ _____	Books & Supplies	\$ _____
Total Expenses	\$ _____	Room & Board	\$ _____
		Misc. Expenses	\$ _____
		Total Expenses	\$ _____
_____ Host Institution's Signature Printed Name & Title		_____ Home Institution Signature	
_____ Date Telephone		_____ Date	

Student Certification

1. Consortium will NOT be offered until a minimum of one semester with UM Western, with satisfactory academic progress, has been attained.
2. I am enrolled in at least one course (3+ credits) at the Home school **unless** it is my last course required for my degree **or** this is my last semester of enrollment in which I will graduate at the end of this semester. **(application for graduation is required and must be attached for both scenarios above)**
3. I understand that either Host or Home Institution (UMW) may decline to participate in this consortium agreement.
4. I understand that I must be fully accepted in a certificate, undergraduate or Post Baccalaureate certification degree program and that courses I am taking at the Host Institution must be transferable and apply toward my degree at UMW.
5. I understand that I must submit proof of my registration from the Host school before any Title IV Financial Aid will be disbursed to me.
6. I understand that it is my responsibility to arrange for, or pay for costs at the Host Institution, until my financial aid can be released.
7. Aid will be disbursed according to the Home (UMW) institutional policy and only after I have an official award notice and I have submitted proof of enrollment at the named Host Institution above.
8. I understand that it is my responsibility to transfer credits earned from the Host Institution to the Home Institution (UMW) at the end of the term of the Host Institution.
9. An official transcript from the Host Institution is required whether or not I complete or pass the course(s) to be submitted to Registrar's Office for credit evaluation.
10. I understand that I will be required to repay financial aid for courses taken at the Host Institution if the credits are not transferred to the Home Institution (UMW).
11. I understand that financial aid for future terms will not be released until transfer credits have been received and Satisfactory Academic Progress has been evaluated.
12. I understand repayment of financial aid, including loans, disbursed by the Home Institution may be required if I:
 - a. (1) drop during the refund period,
 - b. (2) withdraw—officially or unofficially,
 - c. (3) fail to begin attendance at the Host School, or
 - d. (4) credits are not transferred to the Home Institution.

By my signature, I authorize the Host Institution listed to release enrollment, financial and academic information to the Home Institution's (UMW) Financial Aid Office. I certify that I understand and agree to comply with all terms and conditions stated and that the information provided on this form is true and complete to the best of my knowledge.

Student Signature

Date