



UNION'S 2020-2021 FINANCIAL CONSORTIUM AGREEMENT

Part I: TO BE COMPLETED BY UNION STUDENT

Student Name: _____

Student SSN: _____ Daytime Phone: _____

HOME School: **Union Institute & University**

HOST (Visiting) School: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Dates of enrollment at HOST school: From: _____ To: _____

Courses/classes to be taken at HOST school:

Course #	Course Name	# of Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read, understand and agree to abide by the Terms of the Union Financial Aid Consortium Agreement listed on page 2 of this form.

_____ Date: _____
 Student Signature

PART II: TO BE COMPLETED BY UNION'S ACADEMIC OFFICIAL

I certify that the courses listed in Part I above will be accepted as transfer credit toward this student's degree at Union.

_____ Date: _____
 Union Employee Official Name and Title

PART III: TO BE COMPLETED BY HOST INSTITUTION'S FINANCIAL AID OFFICE

- (1) Number credit hours enrolled: _____
- (2) Enrollment period: _____ to _____
- (3) Cost of attendance:
 - Tuition & Fees: \$ _____
 - Book Allowance: \$ _____



We agree, as the HOST school, to notify the Financial Aid Office at Union Institute & University of any enrollment status change including withdrawal from any course(s) during the specified enrollment period covered by this Consortium Agreement. We further agree that our school will NOT award or provide any federal aid funds to this Union Institute & University student for the term(s) specified.

_____ Title: _____
Financial Aid Authorized Signature

Date: _____ Phone: _____ Fax: _____

**RETURN FORM TO: UNION INSTITUTE & UNIVERSITY
FINANCIAL AID OFFICE
440 EAST MCMILLAN STREET
CINCINNATI, OH 45206-1925
ATTN: DIRECTOR OF FINANCIAL AID
PHONE: 800.486.3116
FAX: 513.487.1078**

PART IV: TO BE COMPLETED BY UNION'S FINANCIAL AID OFFICE

Hours enrolled at HOST school _____
Enrollment period at HOME school _____
Hours enrolled at HOME school _____
Enrollment status for aid eligibility _____ (FT, TQ, HT, LH)

Comments:

_____ Date: _____
Financial Aid Staff Signature



TERMS OF UNION'S FINANCIAL AID CONSORTIUM AGREEMENT

A financial aid consortium agreement is a written agreement between two schools. The **HOME** school is the institution from which a student is seeking a degree. The **HOST** school is the institution where the student will be visiting and taking classes to transfer back to the **HOME** institution. The purpose of this agreement is to ensure that you receive the financial aid for which you are eligible. You must agree to each of the following terms in order to participate in a financial aid consortium with Union Institute & University as the **HOME** school and the visiting school you have listed in **PART I** of this form (see page 1):

- You will receive your financial aid from Union Institute & University, the **HOME** school, not from your **HOST** or visiting school. You must be enrolled at least half-time at Union. The amount of your financial aid will be based on your combined enrollment status at both schools.
- You are responsible for making payments to the **HOST** school according to the payment policies of that institution.
- An academic official (Core Faculty, Assistant Dean, Dean) must complete and sign **PART II** of this form, certifying that the courses you have listed will be accepted as transfer credit toward your degree at Union Institute & University.
- You must notify the financial aid office at both schools of any change in your enrollment status, including withdrawal from any course(s). Note: you may be required to repay financial aid for courses that are dropped in accordance with the Title IV federal refund calculation.
- You must comply with the satisfactory academic progress policy for retention of financial aid at Union Institute & University.
- You must submit an official transcript from the **HOST** school to Union Institute & University upon completion of the enrollment period listed in **PART III** of this form.