

Consortium Agreement Form

Office of Student Financial Services

Student's Name: _____ School ID# _____

Consortium agreements are a contract between the student, University of the Arts (the "home" institution) and the host institution. The agreement allows UArts to process federal student aid for the student while they are taking approved coursework at another institution.

Terms & Conditions:

By completing this form, you are agreeing to the following terms:

- I am asking University of the Arts to include my enrollment hours at my host institution for federal, state, and other aid eligibility.
- I understand that my financial aid will be applied to my balance owed to the University of the Arts and then any refund will be sent directly to me. It is my responsibility to pay for any/all balances owed to the host institution.
- Financial Aid will be disbursed according to the University of the Arts disbursement schedule as detailed in the University Catalog.
- I understand I cannot receive financial aid at two institutions during the same time.
- I agree to authorize my host institution to release any enrollment-, academic-, and tuition-related information to University of the Arts for the period of enrollment in this agreement.
- I agree to enroll in courses that are transferable to my degree program at University of the Arts.
- I understand I must notify Student Financial Services at UArts if my enrollment status changes while I am at the host institution.
- I understand that I am responsible for ensuring completion of this form from the host institution, receiving the complete Consortium Agreement back from the host institution and providing it to Student Financial Services at UArts.
- I agree to provide the completed Consortium Agreement to Student Financial Services at UArts within 2 weeks of the term in which I intend to enroll in at the host institution.

Mail: University of the Arts
Office of Student Financial Services
320 South Broad Street
Philadelphia, PA 19102

Scan and Email to: finaid@uarts.edu
Phone: 215-717-6170
Fax: 215-717-6178

You must attach a copy of your registration at the host institution in order to have this form fully processed.

Once your coursework is completed at the host institution, you must request an official transcript to be sent to the University of the Arts Office of the Registrar in order for your coursework to be evaluated for transfer.

By signing, I confirm the information I've provided is accurate and I understand the information provided on this form.

Student Signature: _____ Date: _____

Consortium Agreement Form

Office of Student Financial Services



Student's Name: _____ School ID# _____

UArts Academic Advisor Section:

By signing this form, I give permission for the above student to enroll in courses at the host institution and certify that the credits earn there will fulfill degree requirements at UArts.

Advisor's Name (printed): _____

Advisor's Signature: _____ Date: _____

Will the student be taking courses at UArts during the time that they are enrolled at the host institution?

Yes No

What term will the student be taking coursework at the institution during? _____

Course at Host Institution	UArts Equivalent Course	Credits

To Be Completed by the Host Institution Financial Aid Advisor:

Name of Institution: _____

Name of Contact Person: _____

Phone: _____ Email: _____

Address: _____

Program Costs:

Tuition & Fees	Room & Board	Books & Supplies	Transportation	Misc.	Total

Enrollment:

Term Type (Quarter, Semester, Trimester, etc): _____

Term Start Date (mm/dd/yy)	Term End Date (mm/dd/yy)	Total Credits	Online (Yes/No)

By signing, this form I agree to notify University of the Arts if the student fails to register, reduces the number of credits enrolled for, or withdraws from the class.

Host Contact Signature: _____ Date: _____