

BETWEEN

**The University of Texas-
Rio Grande Valley (UTRGV)**
(Home School)

and
(Host School Name & Address)

UTRGV and the Host School listed above are hereby entering into a consortium agreement.

Section I – To be completed by the student

Student Full Name: UTRGV ID : Host School ID:

List the courses you will be taking at the host institution. (Your UTRGV academic advisor can help you determine the UTRGV equivalent course):

Host School Course Name & Number	Credit Hours	UTRGV Equivalent Course Name & Number	Credit Hours

- Under this consortium agreement, the student will:**
1. Be enrolled in a degree program at UTRGV.
 2. Maintain UTRGV satisfactory academic progress.
 3. Take courses at the Host School which are transferable to his or her UTRGV degree as certified by the UTRGV academic Dean or department.
 4. Notify the UTRGV Financial Aid Office if he or she does not begin attendance in the courses listed and approved in this consortium agreement.
 5. Immediately inform UTRGV and Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
 6. Ensure that the Host School provides UTRGV with an official academic transcript upon completion of the consortium period or UTRGV will not disburse future term disbursements.
 7. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
 8. Pay tuition, fees, and other expenses as charged by UTRGV and/or Host School.

Student's Signature: Date:

E-mail Address: Telephone:

Section II – To be completed by the UTRGV Academic Dean or Department Only:

List the course(s) that the student is taking at the Host School which are applicable to his or her academic program at UTRGV:

Host School Course Name & Number	Credit Hours	UTRGV Equivalent Course Name & Number (To be completed by Dean)	Credit Hours

- Under this consortium agreement, UTRGV:**
1. Certifies that the student is enrolled in a degree program at UTRGV.
 2. Agrees to accept the course work listed above toward the completion of the student's degree requirements at UTRGV.

Academic Dean or Dept. Signature: Printed Name:

UTRGV college or school: Date:

E-mail Address: Telephone:

