

SPRING 2021 CONSORTIUM AGREEMENT

SPCCE

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: _____

Section III – To be completed by the Host School financial aid officer

Will the student receive financial aid at your institution? ___ Yes ___ No

Type & amount of funding from Host School _____ \$ _____
_____ \$ _____

Number of credit hours the student is taking at the Host School:

Enrollment status at Host School:

Full Time Three-quarter time Half-time Less than half-time

Enrollment period dates: From: _____ To: _____

Tuition & fees**:	\$ _____	Room & board:	\$ _____
Books & supplies:	\$ _____	Transportation:	\$ _____
Misc. personal expenses:	\$ _____	Other (specify):	\$ _____

****Only include the tuition and fees charged by host school for the courses accepted by the UTRGV Dean or Dept.**

Under this consortium agreement, the Host School _____:

1. **Certifies that the student is enrolled in the course(s) as stated in Section I of the Consortium Agreement.**
2. Certifies that the student will **NOT** receive financial aid (i.e. Pell) at the host school during the consortium period.
3. Will provide, if requested, UTRGV with documentation of the student's enrollment at the host school.
4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Agrees to notify UTRGV if the student fails to enroll in, begin attendance in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).
6. Will provide the UTRGV Registrar's Office with an official academic transcript upon completion of the consortium period.

Host School Financial Aid Officer's Signature: _____ Date: _____

Printed Name: _____ Title: _____

E-mail Address: _____ Telephone: _____

Section IV – To be completed by the UTRGV financial aid officer

Under this consortium agreement, UTRGV:

1. Agrees to process the student's Title IV financial aid application and provide disbursement of Title IV funds (if eligible) as appropriate for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Will calculate returns of Title IV funds, when appropriate.
4. Will maintain Title IV recordkeeping and reporting requirements.
5. Certifies that the student is making satisfactory academic progress toward the completion of his or her degree at UTRGV.

Total Tuition and Fees, Room and Board at UTRGV: _____

Enrollment Status at UTRGV: _____

UTRGV Financial Aid Officer's Signature: _____

Printed Name: _____ Date: _____

E-mail Address: _____ Telephone: _____

Note: Consortium agreements are available after the 12th class day (Census Date) for Fall/Spring semesters. Forms that are submitted a month before the end of the current term will be processed after grades have posted at UTRGV and Host School.

Please submit to either of the following UTRGV locations:

<p>The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229</p>	<p>Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392</p>
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