@								

UTSA ID

Student's Last Name

Student's First Name

2011-2012 UTSA Consortium Agreement

Office of Student Financial Aid and Enrollment Services (SFAES)
University of Texas at San Antonio, One UTSA Circle, San Antonio, Texas 78249-0687
1-800-669-0919 Fax (210) 458-4638 financialaid@utsa.edu www.utsa.edu/financialaid

FORMS WILL NOT BE ACCEPTED UNTIL AFTER CENSUS DATE OF THE HOST SCHOOL

Last Day for Fall Submission	Last Day for Spring Submission	Last Day for Summer Submission
November 30	April 1	July 30

Consortium Agreements allow students to take courses at another school (host school) that are transferable to their degree program at UTSA. Please read the following important information regarding Consortium Agreements:

- Student must enroll and remain enrolled at least half-time at UTSA (6 credits)
- Hours enrolled at Host school *cannot* be greater than hours enrolled in at UTSA
- Student must be enrolled in a degree-seeking program at UTSA
- Satisfactory Academic Progress as specified by UTSA must be maintained
- Students are responsible for paying all tuition and fees at the host school; UTSA does *not* directly pay the host school
- Student cannot be receiving Financial Aid at the host school
- Transcripts from the host school must be submitted to UTSA at the end of the semester
- Student must notify the UTSA SFAES of any dropped courses
- Withdrawing from courses at UTSA or host school will result in the cancellation of all or part of the student's financial aid
- Forms completed incorrectly will delay processing of Financial Aid
- Students must be enrolled in courses approved by their academic advisor (Step 3)
- Status of Consortium Agreement can be viewed in ASAP under "Financial Aid Eligibility"
- Processing of this form will not begin until after Census Date of the host school
- Providing false information may result in reduced eligibility, repayment of aid, or both
- Requests for additional loan funds based on total enrollment may require you to submit a Student Loan Memo

---

STEP 1: PLEASE SUBMIT THE NAME OF THE HOST SCHOOL

This Consortium Agreement is being requested between UTSA and _____.
(host school – the school you plan to attend)

Point of contact, phone and fax numbers at your host school:_____.

STEP 2: PLEASE HAVE AN ACADEMIC ADVISOR AT UTSA COMPLETE THE FOLLOWING

1.) Please identify applicable term (fall/spring/summer) _____
2.) Please list the course(s) the student is taking at the HOST school which is/are applicable to his/her program at UTSA

Course Name & Number:		**Course Name & Number:**	
Course Name & Number:		**Course Name & Number:**	

3.) Please comment on reason(s) that the student needs to take these courses at another school: _____
_____
_____

ADVISOR CERTIFICATION STATEMENT

Your signature on this document confirms your acknowledgement of the following:

- I certify that the classes stated above are needed for the student's degree program at UTSA. These classes are either not being offered here at UTSA or are offered but are conflicting with the student's current schedule.

_____ _____ _____
(Academic Advisor Signature) (Printed Name of Advisor) (Telephone/E-mail)

STEP 3: STUDENT

RRAAREQ Code: **CONFL1, 2, 3=VOEFL1, 2, 3**
Revised on 8/16/2011 **CONSP1, 2, 3=VOESP1, 2, 3**
CONSU1, 2, 3=VOESU1, 2, 3

OFFICE USE ONLY
Date Received in SFAES: _____
Entered on RRAAREQ by: _____
Processed by: _____

CERTIFICATION STATEMENT

Webx Code: **FA_CONSORT_AGREE_LTR**

@								

UTSA ID

Student's Last Name

Student's First Name

Your signature on this document confirms your acknowledgement of the following:

- I understand the procedures as detailed above and that my financial aid will not disburse until after I turn the form in after the Census date of the classes at the host school.

Student Signature:_____ Last 4 Digits of SSN*: _____ Date:_____

*Disclosure of your social security number (SSN) is requested from you in order for The University of Texas at San Antonio to access your student records. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in a delay in accessing your student record. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

STEP 4: ATTACH A VERIFICATION OF ENROLLMENT TO THIS FORM INDICATING YOUR ENROLLMENT IN THE COURSES AT YOUR HOST SCHOOL. THE VERIFICATION OF ENROLLMENT MUST BE PRINTED AFTER THE CENSUS DATE OF THE COURSES IN WHICH YOU ARE ENROLLED. WE WILL NOT ACCEPT A VERIFICATION OF ENROLLMENT THAT INDICATES YOUR OFFICIAL ENROLLMENT PRIOR TO THE HOST SCHOOL'S CENSUS DATE.

After you have completed steps 1-4, please return the form to UTSA.

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

********** STUDENT STOP HERE**********

Information to be completed by the host school at the request of UTSA:

1.) Did the student receive financial aid at your institution? If "YES", STOP. Do not complete the remainder of this form and return to UTSA. Yes_____ No_____

2.) Complete the following tables:

TABLE 1:

Dates of Enrollment for This Agreement	
Number of Weeks of Instructional Time	

TABLE 2:

Tuition and Fees per Credit Hour	$
Books and Supplies per Credit Hour	$
Room and Board	$
Transportation	$
Personal Expenses	$
Child Care	$
TOTAL	**$**

3.) UTSA Office of Student Financial Aid & Enrollment Services (SFAES) will be notified by the HOST school if the student withdraws from any courses taken under this agreement: Yes_____ No_____

4.) Authorized Signature of financial aid representative at the **host** school:

_____ _____ _____

(Signature) (Print Name) (Title)

OFFICE USE ONLY

Date Received in SFAES: _____

Entered on RRAAREQ by: _____

Processed by: _____