

CONSORTIUM AGREEMENT

HOME INSTITUTION

HOST INSTITUTION

University of Northern Iowa
 Financial Aid Office
 105 Gilchrist Hall
 Cedar Falls, IA 50614-0024
 (800) 772-2736

AND

The institutions named above agree to enter into an agreement for the purpose of providing financial aid to:

Section A: (to be completed by the Student)

Print Name _____ UNI ID# _____ Semester/Year _____

Address _____ Phone _____ Email _____

Signature _____ Date _____

In completing this section I, the student, agree to allow for the release of registration and cost information by my host institution.

CONDITIONS OF THE AGREEMENT

1. The aforementioned student is enrolled in a degree-seeking program at the University of Northern Iowa. The University of Northern Iowa will accept approved transfer credit towards the student's degree on the same basis as credit earned at the University of Northern Iowa. **Correspondence credits will not be approved in this agreement.**
2. All financial aid will be processed and appropriate records maintained by the University of Northern Iowa. The Host Institution will inform the University of Northern Iowa if any private funds are provided to the student.
3. The University of Northern Iowa will disburse financial aid funds directly to the student. The student is responsible for payments to the Host Institution.
4. The Host Institution is either an educational institution eligible to administer Title IV Federal Financial Aid Programs **or** study abroad institution or agency.
5. The Host Institution will inform the University of Northern Iowa of any withdrawal or other changes in the enrollment status listed in this agreement.

Section B: (to be completed by the Host Institution)

Cost of Attendance:

Tuition and Fees \$ _____

Books and Supplies \$ _____

Room and Board \$ _____

TOTAL \$ _____

Enrollment Status:

Enrollment Dates: ____/____/____ to ____/____/____

Enrollment Status: Full-time ____ Half-time ____

Academic Calendar: Semester ____ Quarter ____ Other ____

UNI Use Only	<u>Course #</u>	<u>Course Name</u>	<u>Correspondence</u> (yes or no)	<u>Credit Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature _____ Date _____

Print name _____ Title _____

Phone _____ **Return white copy to the Office of Admissions,
 002 Gilchrist Hall, University of Northern Iowa,
 Cedar Falls, IA 50614-0018**

UNI OFFICE USE ONLY:

UNI Admissions Office Approval _____ Date _____
 Signature _____ Print Name _____

UNI Registrar's Office Approval _____ Date _____
 Signature _____ Print Name _____

UNI Financial Aid Office Approval _____ Date _____
 Signature _____ Print Name _____