



Office of Student Financial Aid & Scholarships

Consortium Agreement

CRITERIA FOR ELIGIBILITY

University students may enroll at another university or college in the United States (the "host institution") and receive their financial aid from the University of Nevada, Reno (the "home institution") by executing this Consortium Agreement. The Consortium Agreement form will be available after June 1 for the next academic year.

To be considered, you must meet the following criteria:

1. Be a degree-seeking student at the University of Nevada, Reno,
2. Demonstrate eligibility for financial aid, and
3. Confirm with the Office of Admissions and Records that the proposed coursework is acceptable for transfer credit and will count toward your degree.

IF ALL OF THE CRITERIA ABOVE ARE MET, FOLLOW THE STEPS LISTED BELOW

STEP 1 - Complete the Consortium Agreement Form

- Student must read Section 1 and provide the requested information, then sign and date after checking all boxes in Section 2.
- Your Academic Advisor must fill out sign Section 3.
- A Credit Evaluator from the Office of Admissions and Records must fill out and sign Section 4.
- Register for the courses at the host institution.
- A Financial Aid Administrator at the host institution must fill out and sign Section 5.
- Mail, fax, or hand-deliver the completed Consortium Agreement, proof of enrollment, and required payment to the Office of Student Financial Aid and Scholarships at the University of Nevada, Reno.

STEP 2 - Processing the Request

- Our office will process and review the Consortium Agreement with all of the attached documents. Please allow 7-10 working days. Financial aid will be available after the agreement is processed and mailed to the host institution for disbursement. Please be aware that funds can be disbursed no earlier than 10 days prior to the first day of our semester.

STEP 3 - Your Responsibilities

- Maintain satisfactory academic progress as defined by the University of Nevada, Reno.
- After each term covered by this agreement, request an official academic transcript be sent to our Office of Admissions and Records to post the coursework. For agreements covering the academic year, this must be done before the spring aid will be disbursed to the host institution.
- After you confirm that your transcript has been received and evaluated, notify the Office of Student Financial Aid and Scholarships in writing to initiate review of the transfer work.
- After each term covered by this agreement, your financial aid history will be reviewed using the National Student Loan Data System (NSLDS) to prevent over-awarding of funds.

CONTACT US

Phone: 775-784-4666 Fax: 775-784-1025 E-mail: finaid@unr.edu Location: 3rd Floor, Fitzgerald Student Services Bldg.



Consortium Agreement

THIS FORM MUST BE SUBMITTED BY APRIL 15 OF THE CURRENT ACADEMIC YEAR AND MUST BE SUBMITTED IN ADVANCE FOR THE SEMESTER REQUESTED

Student Name: _____ NSHE ID: _____
E-mail Address: _____ Phone Number: _____

SECTION 1: HOST SCHOOL NAME AND COURSE INFORMATION (to be completed by STUDENT)

I am providing the requested details of my enrollment plan for (check only one): [] Fall [] Spring

Name of Host Institution: _____

Table with 2 columns: Course Name and Number, Credit Hours. Rows 1-5.

SECTION 2: STUDENT CERTIFICATION (to be completed by STUDENT)

- I have read the criteria for eligibility and steps listed on page 1. I understand and will follow these procedures.
With this contract, I am submitting a copy of the registration form and paid fee receipt for the coursework at the host institution.
If my enrollment status changes, I will notify the Office of Student Financial Aid and Scholarships at the University of Nevada, Reno and be advised of the consequences of dropping credits, which may include: 1) satisfactory academic progress probation or suspension of aid, and/or 2) required repayment of funds received.
If costs at the host institution are different, the student budget and my award may be adjusted accordingly.
It is my responsibility to request that my completed coursework and grades be transferred to the Office of Admissions and Records and to confirm that the academic credit has been accepted. I understand that the Office of Admissions and Records cannot guarantee how many credits will be awarded until formal transfer and evaluation of the coursework has occurred.
I understand that within 30 days after the end of my enrollment, my financial aid history will be reviewed by the University of Nevada, Reno using NSLDS to ensure that I will not be over awarded.
I recognize that the Consortium Agreement may take up to 7-10 business days to process. If I wish to participate in this agreement for another semester, I must reapply.

Student Signature: _____ Date: _____



Consortium Agreement

Student Name: _____ NSHE ID: _____

SECTION 3: ADVISOR CERTIFICATION (to be completed by UNR ACADEMIC ADVISOR or other UNR DEPARTMENTAL OFFICIAL)

Please check one of the following:

I have recommended that the student take the course(s) listed in Section A at another institution. The department approves this coursework for the student's degree program, for the reason explained below.

The student chooses not to take this (these) course(s) at the University of Nevada, Reno. The reason stated for this choice is explained in the lines below.

Advisor Signature: _____ Date: _____

E-mail Address: _____ Phone Number: _____

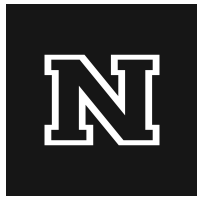
SECTION 4: CREDIT EVALUATOR CERTIFICATION (to be completed by CREDIT EVALUATOR at UNR Office of Admissions & Records)

I certify that the host institution is an accredited institution and that the course(s) named will transfer to the student's academic record if the student completes the course(s) satisfactorily.

Number of credits that will transfer: _____

Credit Evaluator Signature: _____ Date: _____

E-mail Address: _____ Phone Number: _____



Office of Student Financial Aid & Scholarships

OFFICE USE ONLY

Consortium Agreement

Student Name: _____ NSHE ID: _____

SECTION 5: FINANCIAL AID CERTIFICATION AT HOST INSTITUTION
(to be completed by FINANCIAL AID ADMINISTRATOR at host institution)

Please complete the following student budget expense information:

Table with 4 columns: Tuition & Fees, Room & Board, Books & Supplies, Other Mandatory Costs

Name of Host Institution:
COMPLETE Address:
Phone Number:

CERTIFICATION: I certify that this student will not receive financial aid while enrolled at our institution. The home institution will be responsible for the awarding of Pell Grant, campus-based aid, state aid, and Stafford/PLUS loans to the student. We agree to disburse all financial aid to the student, monitor satisfactory academic progress, and calculate any refund/repayment.

Name: _____ Title: _____
E-mail Address: _____
Signature: _____ Date: _____

SECTION 6: UNR FINANCIAL AID CERTIFICATION
(To be completed by a FINANCIAL AID ADMINISTRATOR at the home institution—University of Nevada, Reno)

My signature verifies that this student has completed this agreement correctly. The home institution will be responsible for the awarding of Pell Grant, campus-based aid, state aid, and Stafford/PLUS loans to the student. We agree to disburse all financial aid to the student, monitor satisfactory academic progress, and calculate any refund/repayment.

Name: _____ Title: _____
Signature: _____ Date: _____

FOR OFFICE USE ONLY

Host Institution: _____ UNR Credits: _____ [] Approved Date Student Notified: _____
Fees Paid: [] Yes [] No Host Credits: _____ [] Denied FAO: _____ Date: _____
Total: _____ [] Pending FAO Title: _____