

**OFFICE OF STUDENT FINANCIAL AID
CONSORTIUM AGREEMENT**

Between
The University of Texas Health Science Center at San Antonio
And

Name of Host School

UTHSCSA and the school named above are herein entering into a consortium agreement for:

Name of Student	Social Security No.	Telephone No. / Email Address

For which semester are you completing this form: Summer Fall Spring

NOTE: Students must complete this form *each semester* for which they wish to receive financial aid under a consortium agreement.

Section I – Student Criteria

The student must:

1. Take courses at the Host School which are transferable to their degree program at UTHSCSA.
2. Be enrolled in a degree-granting program at UTHSCSA, and making satisfactory academic progress as specified by the UTHSCSA Satisfactory Progress policy.
3. Submit this completed form along with a copy of their registration from their Host School to their Financial Aid Officer.
4. Submit grade transcripts from their Host School at the end of the semester.
5. **NOT** be receiving financial aid at the Host School.

Section II – To be completed by UTHSCSA Registrar's Office

How many of the credit hours which the student is taking at the Host School are applicable to their program at UTHSCSA?

Please list the course(s) the student is taking at the Host School which are applicable to their program at UTHSCSA:

Academic Advisor's Signature	Printed Name
Academic Department	Telephone No. / Email Address

Section III – To be completed by the Host School

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

If “Yes,” STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.

If “No,” please complete the remainder of this form:

Dates of Enrollment under this Agreement	Number of Weeks of Instructional Time
Tuition and Fees per credit hour	\$
Books and Supplies per credit hour	\$
Room and Board	\$
Transportation	\$
Personal	\$
Child Care	\$
Total	\$

UTHSCSA Office of Student Financial Aid will be notified by the Host School if the student withdraws from any classes taken under this Agreement. **Yes** **No**

Host School’s Financial Aid Officer’s Signature	Please print or type name
Telephone No. / Email Address	Date

Please return this form to:

**The University of Texas Health Science Center at San Antonio
Office of Student Financial Aid - MSC 7708
7703 Floyd Curl Dr.
San Antonio, TX 78229-3900**

Comments:
