### Individual Consortium Agreement Request Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>UCO ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

The UCO Student Financial Aid Individual Consortium Agreement allows students to enroll in classes at a host institution and receive aid at their home or degree granting institution for the combined enrollment. **Consortium hours will be reviewed and added to your UCO enrollment after the end of the 100% tuition/fee refund period of the semester.** This form is designed for schools with whom UCO does not have a standing consortium agreement.

As stated in the UCO Satisfactory Academic Progress Policy, academic progress is reviewed every semester; therefore it is the student’s responsibility to provide the Office of Student Financial Services with a copy of his/her transcript from the host institution at the end of the semester. The student is expected to cover all expenses at the host institution until eligible funds become available.

The Home Institution (Degree Granting Institution) is the University of Central Oklahoma. The Home Institution will award the financial aid for this semester. The Host Institution is the other institution at which the student will take courses. The Host Institution will not award the student financial aid.

The deadline for submission of this form to the UCO Office of Student Financial Services is three weeks prior to the end of the semester for which you are seeking aid.

**Procedures for obtaining a UCO Individual Consortium are as follows:**

1. Complete the section below and submit it to the UCO Office of Student Financial Services along with a copy of his/her enrollment, which includes charges at the host institution.
2. Once this student has submitted this information, the Student Financial Aid Office will process a consortium with the host institution. The student should allow at least two weeks processing time before awarding eligibility could be determined.
3. It is the student’s responsibility to have all sections of this agreement completed by all parties before it is submitted to the Office of Student Financial Services.

**Section I. Certifications to be completed by the Host Institution**

_________________________ will verify enrollment status and confirm the following:

**Host Institution**

**To be completed by the Registrar Office of the Host Institution:**

I confirm the above referenced student is enrolled in the following classes (listed below) for the ___________ semester/term and ___ is ___ is not degree seeking.

**To be completed by the Financial Aid Office at Host Institution:**

I confirm that the above-referenced student ___will ___ will not receive financial aid for the applicable period mentioned above.

__________________________
Signature (Financial Aid Office)   Title   Date
**Section II. HOST INSTITUTION INFORMATION**

Semester Enrolled: ____Fall  ____ Spring  ____Summer  _______Year  

Name of School: ______________________________________________  

Total Number of Credit Hours: _______                    Total Cost: __________  

**Advisement Certification**  
I have reviewed the student’s enrollment and have determined that the courses enrolled at the host institution are required for his/her course of study at UCO and the hours will transfer.

_____________________________________________________________________

UCO Advisor Signature                                                                                  Date  

---

A copy of your enrollment printout that includes charges at host institution must be attached.