



FINANCIAL AID OFFICE CONSORTIUM AGREEMENT

Between The University of Bridgeport and _____
(Host Institution)

Student's Name	Social Security Number	Telephone No./Email Address

The University of Bridgeport and the school named above are herein entered into a consortium agreement for:

_____ Summer 20____ _____ Fall 20____ _____ Spring 20____

Please check only one. Student must complete this agreement for each semester they wish to receive financial aid under a consortium agreement.

Section 1 – Student Criteria

The student must:

- **Take courses at the host institution which are transferable to their degree program at UB**
- **Be enrolled in a degree granting program at UB**
- **Attend at least half-time (6 credits or more)**
- **Must be making Satisfactory Academic Progress as specified by UB academic policy**
- **Submit this form completed along with a copy of registration from the host institution**
- **Not be receiving financial aid from host institution**

Section II – To be completed by UB Advisor

How many of the credits hours which the student is taking at the host institution are applicable to their program at UB? _____

Please list the course(s) the student is taking at the host institution which are applicable to their program at UB:

1. _____
2. _____
3. _____
4. _____
5. _____

Academic Advisor Signature

Printed Name

Academic Department

Phone Number

Section III – University of Bridgeport Obligation

The University of Bridgeport will:

- Accept the curriculum at the host institution as equivalent to course work at UB
- Disburse and award Title IV funds
- Establish the student's total cost of attendance
- Monitor satisfactory progress
- Define the applicable refund/repayment policy for students dropping enrollment hours at host institution
- Establish the student's last date of attendance in the case of withdrawal
- Be responsible for all administrative issues related to Title IV funds
- Certifies that the mentioned student is enrolled at least half time at UB and is a matriculated student

Section IV – Financial Aid Eligibility

_____ is eligible for the following financial aid:

Student Name

\$ _____ Federal Pell Grant
\$ _____ Federal Direct Subsidized Loan
\$ _____ Federal Direct Unsubsidized Loan
\$ _____ Federal PLUS loan
\$ _____ Private Educational Loan
\$ _____ Other

\$ _____ Total

Amounts are subject to change due to verification, change in enrollment or other circumstances that may affect federal aid eligibility.

Student is responsible for ensuring that the host institution is paid in full. If the financial aid does not cover the full costs of the host institution, the student is responsible for paying the difference.

Signature of Financial Aid Officer – Home Institution

Date

Printed Name

Title

Section V – Host Institution

The Host Institution agrees to:

- Acknowledge the information provided in this consortium agreement
- Agree not to provide federal funds to mentioned student
- Agree to notify University of Bridgeport of any enrollment status changes prior to the conclusion of the term(s) above
- Understand that the student is responsible to pay the balance due at your institution

Section VI – To be completed by Host Institution

Last day to drop classes for semester:

Number of credits enrolled at host institution:

Dates of enrollment period: from _____ to _____

\$	\$	\$	\$	\$	\$
Tuition and Fees	Book/Supplies	Room & Board	Personal	Transportation	Other (please specify)

Financial Aid Official Signature (Host Institution)

Printed Name

Title

Date

Telephone Number

Email Address

Please return this form to:

**University of Bridgeport, Office of Student Financial Services, 126 Park Avenue, G Level,
Bridgeport, CT 06604 Office: (203) 576-4568, Fax: (203) 576-4570**

*The student's funds will be disbursed directly to the student according to cash management regulations, using the term dates your institution has provided.