



OFFICE *of* STUDENT FINANCIAL AID

**CONSORTIUM AGREEMENT REQUEST FORM FOR FINANCIAL AID**

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

I am requesting a Consortium Agreement to be processed for the following semester:

Fall \_\_\_\_\_  Spring \_\_\_\_\_

In order for the Office of Student Financial Aid to process this request I acknowledge the following:

- I have been granted permission from my Academic Advisor and Office of the Registrar to attend the following Host Institution: \_\_\_\_\_
- I have been granted permission from my Academic Department to take the following courses:

|           |       |              |       |
|-----------|-------|--------------|-------|
| Course #: | _____ | Description: | _____ |
| Course #: | _____ | Description: | _____ |
| Course #: | _____ | Description: | _____ |
| Course #: | _____ | Description: | _____ |
| Course #: | _____ | Description: | _____ |

The courses I have requested to take will be transferred back to UMES to be used toward the successful completion of my degree program.

- I understand that the disbursement of funds from UMES may occur after the Host Institution's payment due dates. Late fees and/or course cancellation may occur. It is my responsibility to adhere to the policies of the Host Institution. I understand that I must provide a copy of the bill and academic schedule from the Host Institution to UMES Office of Student Financial Aid.
- I understand that I must attach a copy of the following documents to this request: 1. A copy of the signed Inter-Institutional Agreement **or** 2. A copy of the Non-UMES Study Form containing all appropriate signatures.
- **I understand that it is my responsibility to pay any outstanding charges incurred at the Host Institution.**
- I will be registered at UMES for \_\_\_\_\_ credit hours

**I have read and understand the above statement and request the University of Maryland Eastern Shore to process my Consortium Agreement.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_