

Consortium Agreement Procedure

If a degree or certificate seeking University of Massachusetts Dartmouth (UMass Dartmouth) student is unable to register for required classes at UMass Dartmouth, it may be necessary to take courses at another institution. In order for these classes to be taken into consideration when determining a student's financial aid award, a consortium agreement must be in place between UMass Dartmouth (home institution) and the other college or university (host institution).

The process for obtaining a consortium agreement is as follows:

1. Student must complete a *Prior Approval Form* available at www.umassd.edu/registrar/forms/ and have the course(s) approved by their department chairperson and academic dean. The course(s) taken at the other institution must transfer back to UMass Dartmouth as required course(s) in the student's program.
2. If prior approval is granted, student must download and complete section one of the *Consortium Agreement Form* available at www.umassd.edu/financialaid/forms/. The completed consortium agreement should be sent to the host institution to have section two completed in its entirety.
3. The completed *Prior Approval Form* and the completed *Consortium Agreement Form* must be submitted together to the UMass Dartmouth University Enrollment Center by the last day of UMass Dartmouth's add/drop period for the semester in which the student will be enrolled. Consortium agreements received after this date will not be considered.
4. Once the completed consortium agreement is returned to UMass Dartmouth, it will be reviewed and the student's financial aid will be revised if necessary to reflect the student's enrollment at the host institution. Financial Aid Services will notify the student via email if the financial aid award changes due to the consortium agreement.
5. Financial Aid Services will mail a copy of the fully completed and signed consortium agreement to the student and the host institution.
6. The student must arrange payment for classes taken at the host institution according to their registration and payment policy.
7. Financial aid will be credited to the student's UMass Dartmouth student account. Funds will not be disbursed until after the UMass Dartmouth add/drop period. If a refund check is processed, an email will be sent to the student's UMass Dartmouth email account to indicate when the refund will be available.
8. Student must notify the UMD Financial Aid Office if they withdraw or drop the courses at the host institution. Withdrawn or dropped coursework may impact the student's financial aid status and/or award at UMass Dartmouth. Refer to the Financial Aid Withdrawal Policy at www.umassd.edu/financialaid/eligibility/financialaidwithdrawalpolicy/
9. Student must submit an official transcript from the host institution to the UMass Dartmouth's Registrar's office upon completion of the semester.

For more information, contact Financial Aid Services at (508) 999-8643.

Consortium Agreement

This consortium agreement provides the information required for UMass Dartmouth (home institution) to process federal, state and/or institutional financial aid for a degree or certificate seeking student who is studying at another college or university (host institution) for the fall or spring semester. Consortium agreements are not available during summer or winter terms.

Section 1: To be completed by student:

Student Name: _____

Student UMass Dartmouth ID: _____ Date of Birth: _____

Student Phone Number: _____

Home Institution: UMass Dartmouth

Host Institution: _____

Semester: Fall _____ Spring _____

Enrollment Dates: _____ to _____
Begin Date End Date

Course Name: _____ Credits: _____

Course Name: _____ Credits: _____

Course Name: _____ Credits: _____

Course Name: _____ Credits: _____

1. I must submit this consortium agreement with sections 1 and 2 completed along with a copy of my signed UMass Dartmouth Prior Approval Form (available at www.umassd.edu/registrar/forms/) to the University Enrollment Center by the last day of UMass Dartmouth's add/drop period for the semester in which I will be enrolled. Consortium agreements submitted after the add/drop period will not be considered.
2. I understand the courses listed above must be approved by my college and be applicable to my degree or certificate program at UMass Dartmouth.
3. It is my responsibility to ensure all forms are completed and the host institution is paid according to their policy. Note: Some institutions may require payment for course(s) at the time of registration and prior to the receipt of financial aid.
4. I must notify the UMass Dartmouth Financial Aid Office if I drop or withdraw from the courses at the host institution.
5. I must submit an official transcript from the host institution to the UMass Dartmouth Registrar's Office upon completion of the semester.

Student Signature: _____

Date: _____

Section 2: To be completed by HOST institution (college or university attending):

The host institution agrees not to award the student state, federal or institutional financial aid resources for attendance during the enrollment period listed. The host institution agrees to notify UMass Dartmouth, in writing, if the student withdraws from the course(s).

Student Name: _____

Host Institution: _____

Enrollment Dates: _____ to _____
Begin Date End Date

Total Enrolled Credits: _____

Cost of Attendance: Enter amounts student will be billed below. If the student is not billed by your institution for a category below, indicate \$0.

Cost of Attendance	
	Amount
Tuition and Fees	\$ _____
Room and Board	\$ _____
Books and Supplies	\$ _____
Transportation	\$ _____
Personal	\$ _____
Miscellaneous	\$ _____
Total	\$ _____

Host Institution Official: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email: _____ Fax: _____

Signature: _____ Date: _____

Section 3: To be completed by HOME institution (UMass Dartmouth):

UMass Dartmouth agrees to award and disburse financial aid to the student. The financial aid award will be determined based on the student's enrollment status and cost of attendance expenses. Award is subject to change based on enrollment and tuition/fee charges. Aid will be disbursed to the UMass Dartmouth student account after the UMass Dartmouth add/drop period.

UMD Official: _____ Title: _____

Address: 285 Old Westport Road Phone: 508-999-8643

City, State, Zip: North Dartmouth, MA 02747

Email: _____ Fax: 508-999-8935

Signature: _____ Date: _____