

STUDENT CONSORTIUM AGREEMENT Term _____

Academic Year _____

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Student Name _____

Last Four Digits Social Security Number

Address (street, city, state, zip) _____

Phone number _____

You must complete this form for each term of the consortium agreement.

1. To allow your financial aid budget to be calculated, fill in the number of credits you will take (or have taken) during the current academic year at each school in the consortium:

School	Student ID for School	credits fall	credits spring	credits summer

2. List the classes from each school in which you are enrolled for the **current** term.

Name\Course Number of Class	Credits	School	OFFICE USE ONLY

3. TERMS OF AGREEMENT: I hereby certify that I am admitted and am working toward a degree or certificate in _____ at _____, and that the courses listed above will apply to that program. I recognize that I must maintain satisfactory academic progress. I authorize the schools listed above to furnish the other listed schools with all information (including grades, attendance information, etc.) relevant to the administration of financial aid. I hereby agree to immediately notify the Financial Aid Office of all involved institutions should I make a course change or withdraw before the end of the term. I recognize that it is my responsibility (whether I receive financial aid or not) to pay all tuition, fees, and other charges for the courses for which I register when they fall due. **I understand that financial aid funds cannot automatically pay participating school(s).**

Student Signature _____

Date _____

4. Submit this form together with a billing statement (showing you are enrolled) from each participating school to your LOCAL Financial Aid Office. Your local Financial Aid Office will explain how your aid will be disbursed.

OFFICE USE ONLY:		
Student has submitted proof of enrollment in above courses. _____ Signature, Participating School Financial Aid Administrator		
Participating schools verify they ARE NOT providing financial aid for above term. Fax completed form to Disbursing School.		
Student is enrolled in above degree/certificate program. _____ Signature, Disbursing School Financial Aid Administrator		
Does student receive Donor Money or Scholarship at Participating School? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____ Source: _____	_____ Disbursing School _____ Signature/Date S.A.P / TOTAL HOURS Complete after grades are posted for above classes. Record grades above and fax to Disbursing School. _____ Cumulative Credits/School	_____ Participating School _____ Signature/Date _____ Cumulative Credits/School
	_____ Participating School _____ Signature/Date _____ Cumulative Credits/School	_____ Participating School _____ Signature/Date _____ Cumulative Credits/School

2020-21 CONSORTIUM AGREEMENT PROCEDURES

STUDENT:

- Student completes consortium application and submits it to their local financial aid office.

PARTICIPATING (HOST) SCHOOL:

- Complete your portion and fax the form to the Disbursing School. Keep a copy of the form in your files. Donor money includes: Vocational Rehabilitation, certain Veterans benefits, tribal funds, employment benefits, private scholarships, etc. When in doubt, please include it.
- *Please cancel any outstanding federal financial aid at your institution.*
- If a student withdraws from a class, note the withdrawal date and fax the application to the disbursing school. When grades post at your institution, record them in the OFFICE USE ONLY section next to the listed courses. Complete the Satisfactory Academic Progress portion and fax the form again to the Disbursing School.

DISBURSING (HOME) SCHOOL:

- Complete the Disbursing School portion and make certain that Participating School have signed that they are NOT PROVIDING aid to the student.
- Upon receipt of completed forms from Participating School, disburse aid to the student.
- Review student's satisfactory academic progress information from Participating School.

Coordinators by College/University for Consortium Agreements:

College	Fax	Counselor	Phone	Email	Students
Dixie State University	(435) 879-4087	London Steglich	(435) 652-7582	london.steglich@dixie.edu	Primary Contact
		Roberta Cole	(435) 652-7584	rcole@dixie.edu	Back up
Salt Lake Community College	(801) 997-4662	David Kuralt	(801) 957-4662	David.Kuralt@slcc.edu	
Snow College	(435) 283-7134	Jack Dalene	(435) 283-7130	jack.dalene@snow.edu	Primary Contact
		Angie Ison	(435) 283-7133	angela.ison@snow.edu	Back up
Southern Utah University	(435) 586-7736	Alene Laursen	(435) 865-8162	laursen@suu.edu	A - Cn
		Christine Fawson	(435) 586-7760	christinefawson1@suu.edu	Co - H
		Seth Aiono	(435) 865-8616	sethaiono@suu.edu	I - Mi
		Nellie Lee	(435) 586-5485	nellielee@suu.edu	Mj - R
		Lauren Matlock	(435) 586-1930	laurenmatlock@suu.edu	S - Z
University of Utah	(801) 585-6350	Courtney Jensen	(801) 581-8688	c.jensen@sa.utah.edu	ID ending in: 0-49
		Linh Ly	(801) 585-3665	linh.ly@utah.edu	ID ending in: 50-99
Utah State University	(435) 797-0654	Jacob Brazell	(435) 797-0181	jacob.brazell@usu.edu	
USU Eastern	(435) 613-5814	Kelsee Thompson	(435) 613-5323	kelsee.thompson@usu.edu	
Utah Valley University	(801) 863-8448	Melissa Uriarte	(801) 863.6451	melissa.uriarte@uvu.edu	
Weber State University	(801) 395-3538	Lisa Nuttall	(801) 395-3564	lisanuttall@weber.edu	

Academic Year Tuition and Book Components:

University	Tuition	Books
Dixie State College	5730	800
Salt Lake Community College	3930	700
Snow College	3912	1450
Southern Utah University	6769	1600
University of Utah		

University	Tuition	Books
Utah State University	8764	820
USU Eastern	4568	820
Utah Valley University	5906	588
Weber State University	6106	1400

Updated: November 19, 2020