



FINANCIAL AID SERVICES
UNIVERSITY OF MASSACHUSETTS BOSTON

100 Morrissey Boulevard
Boston, MA 02125-3393
P: 617.287.6300
F: 617.287.6323
www.umb.edu

CONSORTIUM AGREEMENT

SECTION I - Important Information

- A completed Consortium Agreement is required by UMass Boston (HOME) in order to process or pay federal and/or state financial aid for a degree seeking student who is enrolling as a non-degree student at another institution (HOST).
- The Consortium Agreement must be completed and submitted to UMass Boston's Financial Aid Services **prior to the end of the add/drop period** for the term specified.
- Submit with this completed Consortium Agreement a copy of the completed **Undergraduate Transfer Credit Permission** form (denoted at <http://www.umb.edu/registrar/forms> as an Undergraduate Transfer Waiver Form) and a completed **Prior Approval Form** is required for Study Abroad students.
- The student's responsibility is to ensure all forms are completed in a timely manner & the HOST school is paid.

SECTION II - To be Completed by the Student

Name _____	Student ID _____
Address _____	Date of Birth _____
City, State, ZIP _____	Phone _____
Email _____	

HOST Institution Name: _____ City or Country _____

Intended Enrollment Period (indicate only one term per form):

Fall	20__
Spring	20__
Summer	20__

Course(s) to be taken: _____	Credits: _____
_____	Credits: _____
_____	Credits: _____
_____	Credits: _____
_____	Credits: _____

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

Student Signature Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

COMPLETE THE REVERSE SIDE

SECTION III – To be completed by the HOST institution.

Enrollment Period (*mm/dd/yy to mm/dd /yy*): From _____ To _____ Total Credits: _____

Standard Allowance Amounts (for the term indicated in Section II)

Tuition	\$ _____
Fees	\$ _____
Room/Board	\$ _____
Living Allowance	\$ _____
Personal	\$ _____
Books/Supplies	\$ _____
Transportation	\$ _____
Other	\$ _____

Total Cost: \$ _____

HOST Institution Certification:

- The HOST school certifies the student named on this form is enrolled for the period of attendance indicated.
- The HOST school agrees to notify UMass Boston if the student withdraws from the program prior to the conclusion of the enrollment period.
- The HOST school agrees not to pay the student any state, federal, or institutional financial aid resources for attendance during the enrollment period listed.
- The HOME school agrees to provide payment to the student, if eligible, for the term specified.
- The student is responsible for ensuring payment to the HOST school.

HOST Institution Signature _____
Printed Name _____
Title _____
Date _____
Phone _____
Fax _____

~~~~~  
**SECTION IV – To be completed by UMass Boston**

UMass Boston Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
Phone 617-287-6300  
Fax 617-287-6323

**Date submitted:** \_\_\_\_\_

**Date processed:** \_\_\_\_\_