

STUDENT FINANCIAL **AID** CONSORTIUM AGREEMENT:

- x Consortium agreements are a binding agreement between schools which enables a student to receive federal aid from The University of North Alabama while being enrolled as a visiting student at another school. The university from which a student  
**LQWHQGV WR HDUQ D GHJUHH LV FDOOHG WKH ¶KRPH  
FRQVLGHUHG WR EH WKH ¶KR V LQVWLWXWLRQ.**
- x Students should complete a consortium agreement even if they have at least six enrollment hours at UNA during the term of (s)5hst six

\_\_\_\_\_. To be completed by the student.

By submitting this form you confirm that you are a degree seeking student who intends to receive federal aid at The University of North Alabama while enrolled in transferable courses at a host institution.

\_\_\_\_\_  
Last Name First Name M.I

\_\_\_\_\_  
Telephone Number ID#

\_\_\_\_\_  
**7 R E H F R P S O H W H G N E W K H W X G H Q W - V**  
The Academic Division

The student listed above intends to enroll in the following courses at \_\_\_\_\_ (host school). These courses are the academic equivalent to The University of North Alabama courses listed. (Please attach additional courses on a separate sheet, if necessary)

Course: \_\_\_\_\_ UNA Equivalent: \_\_\_\_\_

Course: \_\_\_\_\_ UNA Equivalent: \_\_\_\_\_ .4 649.e a

\_\_\_\_\_  
Name L#

\_\_\_\_\_. To be completed by the host (visiting) institution.

Name of Host Institution: \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Dates of Enrollment: from \_\_\_\_\_ to \_\_\_\_\_ Total Enrolled Credit Hours: \_\_\_\_\_

Educational Costs for Dates of Enrollment: Office Name: \_\_\_\_\_

Tuition and Fees: \$ \_\_\_\_\_

Room and Board: \$ \_\_\_\_\_ Address: \_\_\_\_\_

Books and Supplies: \$ \_\_\_\_\_

Personal: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

**Aid** \$ \_\_\_\_\_

Under this agreement the host institution agrees to notify The University of North Alabama if the student withdraws or drops below the required enrollment and will not process any federal or state aid during the period of enrollment noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

To be completed by The University of North Alabama Student Financial Aid office.  
The University of North Alabama will process all financial aid for the student in accordance with