



Office of Student Financial Assistance Summer Financial Aid Consortium Agreement

The Financial Aid Consortium Agreement is intended to assist students who enroll in less than 12 semester credit hours at **Texas A&M University – Central Texas (TAMUCT)** and concurrently enroll in at least 3 semester credit hours at a partnering host institution during the same academic semester. Once the agreement is processed, we may recognize semester credit hours taken at a partnering institution to meet financial aid enrollment requirements at TAMUCT.

- **Texas A&M University-Central Texas** is the home institution for the purpose of processing and disbursing financial aid.
- The partnering institution is the host institution and cannot provide financial aid for the semester specified in the Financial Aid Consortium Agreement.

Deadline: Completed consortium agreements must be submitted to the Office of Student Financial Assistance prior to the census date (12th class day).

Eligibility Requirements

- You must be a degree-seeking student at TAMUCT.
- You must be enrolled in at least 3 semester credit hours at TAMUCT.
- You must be enrolled in at least 3 semester credit hours at an eligible Host institution.
- Your semester credit hours at the Host institution must count towards the completion of your TAMUCT degree.
- Your semester credit hours at the Host institution must coincide with the academic semester at TAMUCT (i.e., Summer credit hours must begin and end within the months of June and August).

How to Complete the Financial Aid Consortium Agreement Process

1. Register for your required course(s) at the Host institution and make payment or payment arrangements. Please Note: Some institutions may require payment for tuition and fees the same day as registration. For more information, please contact the Host institution.
2. Complete Sections 1-3 of the Consortium Agreement.
3. Visit with a TAMUCT Academic Advisor to complete Section 4 of the Consortium Agreement. *****Proof of payment or payment arrangements AND copy of course schedule from the Host institution must be presented at this time.***
 - **College of Arts & Sciences** academic advisors can be reached via email at: cas-advising@tamuct.edu or by phone at: 254-519-5441.
 - **College of Education** academic advisors can be reached via email at: coe-advising@tamuct.edu or by phone at: 254-519-5464.
 - **College of Business** academic advisors can be reached via email at: coba-advising@tamuct.edu or by phone at: 254-519-5437.
4. Once the Advisor Certification is complete, email the completed Consortium Agreement along with copy of schedule and proof of payment to the Office of Student Financial Assistance at finaid@tamuct.edu.

Important Notes

- Cost of Attendance (COA) may decrease as a result of submitting a Consortium Agreement and you may be asked to return a portion of my student loan and/or other aid.
- If you do not plan to enroll as a full-time student during the academic year, please complete an **Enrollment Change Form** and submit to our office prior to the disbursement of your aid. If you are not enrolled at least full-time on the census date for the semester (e.g., 12th day of classes for fall and spring), but did not indicate as such via the Enrollment Change Form, your financial aid cost of attendance will be reduced and prorated based on your actual enrollment. Such a reduction may result in your becoming ineligible for financial aid that you have already received. As a result, you will be required, as set forth by federal regulations, to repay the aid for which you are no longer eligible.
- TAMUCT Office of Student Financial Assistance will be verifying my enrollment with the Host Institution and if your enrollment is different than the enrollment stated on the Consortium Agreement, the agreement will be voided, the financial aid can be reversed, and you will be responsible for any fees due to the university.
- TAMUCT must be notified within 2 business days if there is a change in enrollment status (i.e., drop/add courses, withdrawal, course cancellation, etc.). I will be responsible for any refunds or repayments that might be required if I drop or withdraw from class.
- You must request an OFFICIAL transcript from the Host institution to be sent to TAMUCT immediately after completion of courses. A registration and financial aid hold will be placed on your TAMUCT student record for the following semester until the official transcript is received and processed by the TAMUCT Records Office.
- You must submit an updated consortium agreement listing ALL courses, if you add a class after submitting your consortium agreement.
- **For financial aid purposes, enrollment requirements are the same for every semester (Fall, Spring, and Summer).** Undergraduates must be enrolled in at least 12 undergraduate credit hours to be considered full-time, 9 to 11 undergraduate credit hours to be considered three-fourths time, and 6 to 8 undergraduate credit hours to be considered half-time. Graduate students must be enrolled in at least 9 graduate-level credit hours to be considered full-time, 7 to 8 graduate-level credit hours to be considered three-fourths time, and 5 to 6 graduate-level credit hours to be considered half-time.



Consortium Agreement

In accordance with the Code of Federal Regulations, this Consortium Agreement is entered into between Texas A&M University-Central Texas (hereinafter referred to as "Home Institution") and the Host Institution, listed in Section 2, for the purpose of providing federal financial assistance to the student named below:

Section 1: Student Information (To be completed by the student)

Student Name: _____ TAMUCT ID: **W** _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Section 2: Host Institution Information (To be completed by the student)

Host Institution Name: _____

Federal School Code: _____

Host Institution Student ID: _____ Semester: Fall 20____ Spring 20____ Summer 20____

Please list courses to be taken at the Host Institution during the above referenced semester. Course(s) must meet outstanding degree requirements at the Home Institution.

Course Prefix & Number	Title	Credit Hours	Start Date	End Date
EX: MGMT 300	Principles of Management	3	6/01/2020	8/07/2020

Section 3: Student Certification and Information Release (To be completed by the student)

I certify that the information provided is complete and accurate and that I have read and understand the following:

1. I am responsible for all financial obligations due to the Host Institution and understand that funds will not be sent from TAMUCT to the Host Institution on my behalf. Proof of payment or payment arrangements must be provide before the consortium agreement may be processed.
2. I may be required to repay financial aid if I drop a course(s) or completely withdraw during the enrollment period specified above.
3. I must notify the TAMUCT Office of the Registrar and the Office of Student Financial Assistance within two (2) days should my enrollment status in a course listed above change (EX: course cancellation, course drop, etc.)
4. I must provide an official transcript from my Host Institution to confirm successful completion of the course(s) listed above. Until the transcript is received, a hold may be placed on my student records and may prevent future registration and disbursement of aid.

Student Name (Print): _____

TAMUCT ID: W _____

Furthermore, I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and I authorize Texas A&M University-Central Texas and the Host Institution to exchange information related to enrollment status, academic records, student accounts, and financial aid as it relates to the enrollment period specified above. I certify that this consent has been given freely and voluntarily.

Student Signature: _____

Date: _____

Section 4: Academic Advisor Certification (To be completed by a faculty/academic advisor)

I certify that the course(s) listed above are transferable to Texas A&M University-Central Texas and will apply to outstanding degree requirements.

Advisor's Name (Printed): _____

Advisor's Signature: _____

Date: _____

Section 5: Host Institution Certification (To be completed by financial aid office)

As an authorized representative of the Host Institution, I certify that the student is currently enrolled in the above listed course(s) and have verified the course(s) start and end dates. The cost of attendance for the enrollment period for the specified student is as follows:

Cost of Attendance		Financial Assistance/Resources	
Tuition & Fees	\$		\$
Books/Supplies	\$		\$
Total	\$	Total FA/Resources	\$

The Host Institution agrees to:

1. Monitor the student's attendance/enrollment in the course(s) listed above in accordance with its own policies and notify Texas A&M University-Central Texas within two business days of a change in registration or enrollment status.
2. Refrain from awarding and disbursing federal student aid to the student listed above for the enrollment period specified above.
3. Notify Texas A&M University-Central Texas immediately upon a determination or finding by a federal or state agency that it is under limitation, suspension or termination rules.

_____ (initials) Registration hold placed on student's current enrollment. End date of Registration Hold _____

Authorized Representative's Certification

Name (Please Print): _____

Signature: _____

Date: _____

Phone: _____

Email: _____

PLEASE RETURN FORM TO:

Office of Student Financial Assistance
Texas A&M University-Central Texas

FAX: 254-519-5486