

Student Name _____ T- Number _____ Social Security Number _____

Address (street, city, state, zip) _____ phone number _____

Instructions to student: You must complete this form for each term of the consortium agreement.

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	Fall Credits	Spring Credits	Summer Credits

1. List the classes in which you are enrolled for the current term. Have the professor of each class sign verifying that you have attended at least one class session.

Class	Credits	Index #	School	Date	OFFICE USE ONLY

2. 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 specific and exclusive 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.

Student Signature Date

3. 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 (* see page 2) at Participating School? Yes Source	Disbursing School _____	Participating School _____
	Signature/Date _____	Signature/Date _____
Amount \$	S.A.P/TOTAL HOURS _____ Complete after grades are posted for above classes. Record grades above and fax to Disbursing School.	
No	Cumulative credits/ school _____	Cumulative credits/ school _____
		Cumulative credits/ school _____

To avoid being automatically placed on Financial Aid probation or suspension, you MUST bring in a copy of your final grade for each class within one week of the semester end.

SCHOOL PROCEDURES FOR CONSORTIUM AGREEMENTS

Student completes form except portion for office use (including obtaining professor's signatures) and turns it in to the local financial aid office.

PARTICIPATING SCHOOL(S):

1. Complete your portion and fax the form to the Disbursing School. Keep a copy of the form in your files.
2. When grades are posted 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.
3. If a student withdraws from a class, note the withdrawal date and fax the form to the disbursing school. If there is a refund, forward this amount to the Disbursing School.

* Donor money includes: Rehab, Veterans benefits, tribal funds, employment benefits, private scholarships, etc. When in doubt, include it.

DISBURSING SCHOOL:

1. Complete the Disbursing School portion and make certain that Participating School(s) have signed that it is NOT PROVIDING aid to the student.
2. Upon receipt of completed forms from Participating School, disburse aid to the student.
3. Review student's satisfactory academic progress information from Participating School before disbursing aid for subsequent terms.

CONTACT PERSONS & NUMBERS:

Utah State University	fax: 435-797-0654	A-C Ho Williams	435-797-0318	ho.williams@usu.edu
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		K-Z: Tiana Amosa	435-586-1930	amosa@suu.edu
Dixie State College	fax: 435-656-4087	Sue Dinning	435-652-7582	dinning@dixie.edu
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Salt Lake Community College	fax: 801-957-4657	Mike Brown	801-957-4706	michael.brown@slcc.edu
Utah Valley University	fax: 801-863-8448	Patricia Howard	801-863-8442	howardpa@uvu.edu
Weber State University	fax: 801-626-7408	Joy Richie	801-626-7430	jrichie@weber.edu
University of Utah	student ID's end in 0-4	Wendy Clark	801-581-8021	wclark@sa.utah.edu
fax 801-585-6350	student ID's end in 5-9	Sheila Bilow	801-581-8689	sbilow@sa.utah.edu

CONSORTIUM BUDGETS
2008-09

Budgets represent full-time, full-year enrollment

	Tuition/Fee	Books/Supplies
College of Eastern Utah	\$	\$
Dixie State College	\$	\$
Salt Lake Community College	\$	\$
Snow College	\$	\$
Southern Utah University	\$	\$
University of Utah	\$	\$
Utah State University	\$	\$
Utah Valley State College	\$	\$
Weber State University	\$	\$