

Federal Financial Aid Consortium Agreement

As the degree granting institution, UNG is designated as the **Home Institution** and the visited institution is designated the **Host Institution**. The student must be enrolled in a transient or non-degree seeking status at the Host Institution and courses taken at the Host Institution must be transfer back to the Home Institution as part of the student’s current degree. The agreement applies to all financial aid awarded by the UNG Financial Aid Office, with the exception of the HOPE Scholarship. Transient rules as specified in the HOPE Scholarship Regulations will be followed for payment of the HOPE Scholarship to eligible students.

To be completed by the Student:

Print Student’s Name (Last, First, MI) _____

Phone: _____

UNG Email: _____@ung.edu

Host ID#: _____

Term & Year (i.e. Fall 2022): _____

Courses student will pursue this term at the Host Institution for transfer to UNG.

Course Title	Host Course Prefix & Number	Credit Hours
1.		
2.		
3.		
4.		
5.		
Total Credit Hours enrolled at HOST Institution:		

By signing this Consortium Agreement, I (the student) agree to:

1. Apply for Transient Permission from the UNG Office of the Registrar to study at the Host school.
2. Notify the UNG Financial Aid Office if there is a change in my enrollment at either institution.
3. Authorize the Host Institution to release any required information to finalize my UNG financial aid.
4. Understand my financial aid eligibility for the semester(s) I will be a transient student.
5. Take complete responsibility for payment arrangements at the Host institution.
6. Have my financial aid processed only at UNG, with the exception of VA benefits and the HOPE Scholarship (if eligible).
7. Request that the Host Institution send an academic transcript to the UNG Registrar’s Office within 30 days of the end of the term, regardless of the grades earned. **Non-receipt of the academic transcript will result in the student being required to repay all financial aid funds disbursed for the term of the Agreement.**

Student’s Signature

Date

Forward the Agreement to the Financial Aid Office at the Host Institution.

UNG Responsibilities:

1. Financial Aid funds will be disbursed to the student in accordance with federal and state regulations and UNG policies.
2. The UNG Financial Aid Office is responsible for calculating any refund in accordance with Return of Title IV and HOPE Scholarship Regulations, along with institutional policy.
3. Upon receipt of an official transcript from the Host Institution, UNG will follow the University System of Georgia standards for transfer articulation and post the academic credit earned by the student and will confirm the student continues to meet the UNG Financial Aid Satisfactory Academic Progress Standards.

Host Institution Responsibilities:

1. The Host Institution will confirm the student is enrolled in a non-degree status.
2. The Host Institution will monitor the student’s registration and enrollment status and will notify the UNG Financial Aid Office if the student’s enrollment status changes.
3. The Host Institution will not award the student any form of federal financial aid. The Host will notify the Home institution of any Host institutional funds awarded the student.
4. The Host Institution will complete the Agreement and fax it to the UNG Financial Aid Office.

To be completed by the Host Institution:

The student listed is seeking a degree from the University of North Georgia and plans to enroll at your institution. This Consortium Agreement will allow UNG to disburse financial aid based on the student’s combined enrollment at both institutions. Once any UNG fees are paid, UNG will refund any excess financial aid to the student. The student is responsible for payment of all charges at your institution.

Name of Host Institution: _____

Student’s COA for Term Enrolled & Enrollment Confirmation:

Tuition & Fees	\$ _____		Non-Degree Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Room & Board	\$ _____		Term Enrolled (Fall, Spr, Sum)	
Books & Supplies	\$ _____		Beginning Date	
Misc. Expenses	\$ _____		Ending Date	
Total COA for Term	\$ _____		Number of Credits Enrolled	

Host Scholarships Awarded Student: \$ _____

Host Institution Certification

We agree to notify the UNG Financial Aid Office of any change in the student’s enrollments status. We agree not to award the student any federal student aid, excluding VA benefits.

Printed Name of Financial Aid Officer

Signature

Date

Phone Number: _____ Email Address: _____

Please email the completed Consortium Agreement to a UNG Financial Aid Office.

If you need this document in another format, please email finaid@ung.edu or call 706.864.1412.

Cumming
300 Aquatic Circle
Cumming, GA 30040
Fax: 470.239.3101

Dahlonega
82 College Circle
Dahlonega, GA 30597
Fax: 706.864.1411

Gainesville
P. O. Box 1358
Gainesville, GA 30503
Fax: 678.717.3673

Oconee
P. O. Box 1748
Watkinsville, GA 30677
Fax: 706.310.6202