



FINANCIAL AID OFFICE
883 Broadway St Room 102
Lowell, MA 01854

Consortium Agreement

The following agreement is to provide the legal basis required by the federal government for the University of Massachusetts Lowell to process Federal Financial Aid (Federal PELL Grant, Federal Supplemental Educational Opportunity Grant (SEOG), State Grant, Federal Perkins Loan, Federal Stafford Loan, Federal Plus Loan and/or additional funding) for a student matriculated at the University of Massachusetts Lowell but studying at another University or College for a semester or an academic year.

To be Completed by the Student

Along with this completed form, please submit a copy of your signed Academic Petition Form to the Financial Aid Office at UMass Lowell prior to the end of the add/drop period for the semester in which you are planning to take this course. It is the student's responsibility to ensure that all forms are completed and the host institution is paid according to their policy. *Note: Some institutions may require payment for course at the time of registration.*

Name	SSN
Address	UMS #
City, State, ZIP	Phone #
Email	

Host Institution Name: _____

Intended Enrollment Semester: Fall 20____ or Spring 20____ (request is valid for one semester)

Course Start Date: _____

Course End Date: _____

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

Student Signature: _____ Date: _____

To Be Completed by the HOME Institution

The University of Massachusetts Lowell agrees to pay the award(s) indicated to the student listed below. Payment may be sent to the host institution upon written request of student and host institution. The final award amount will be determined after notification is received of the student's enrollment status and expenses. Award amount may be adjusted based on enrollment status and tuition/fee costs. Please report in American \$.

Student Name: _____	SSN: _____
Estimated Award Amount: _____	Expected Disb Date: _____

UMass Lowell Signature: _____ Date: _____
Printed Name: Lisa Levesque Title: Financial Aid Counselor
Phone: 978-934-4229 Fax: 978-934-3009
Email: Lisa_Levesque@uml.edu

To Be Completed by the HOST Institution

The host institution at which the above student will be enrolled, agrees to provide a transcript of the above student's academic record to the University of Massachusetts Lowell. The host institution further agrees to notify the University of Massachusetts Lowell, in writing, immediately if the student withdraws from the program and also agrees not to pay the student any state, federal or institutional financial aid resources for attendance during the enrollment period listed.

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

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

Host Institution Signature: _____ Date: _____
Printed Name: _____ Title: _____
Institution Address: _____ City: _____
State: _____ ZIP: _____ Phone: _____ Fax: _____
Email: _____