



Date: _____ Student ID: _____
 Last Name: _____ First Name: _____
 Phone Number: _____ Email Address: _____

This agreement provides 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), Federal Perkins Loan, Federal Stafford Loan, Federal Plus Loan), as well as funding from the state of Massachusetts and/or institutional 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, submit a copy of your signed **Off-Campus Authorization Form** (available online at www.uml.edu/forms) to The Solution Center 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 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 # (last 4)** _____
Email: _____ **Phone:** _____

I am requesting a consortium agreement between the Financial Aid Office at the University of Massachusetts Lowell and _____ for the purpose of promoting an exchange of information and a clarification of financial aid funding for the _____ term, which begins on ____/____/____ and ends on ____/____/____.

Host Institution Name: _____
 Host Institution Address: _____
 Host Institution Contact Person / Title: _____
 Host Financial Aid Office Phone Number: _____
 Host Financial Aid Office FAX Number: _____

Term (one per form): Fall 20 _____ Summer 20 _____ Spring 20 _____ Other: _____

Course Start Date: _____ Course End Date: _____

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

Student Signature: _____ Date: _____



Student Name: _____ Student ID: _____

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:** _____

Enter the actual amounts charged the student. If the student is not charged an amount for a category, indicate your school’s standard cost of living amount based on the student’s enrollment at your school.

Tuition & Fees \$ _____
 Room & Board \$ _____
 Personal / Miscellaneous \$ _____
 Books/Supplies \$ _____
 Transportation: \$ _____
Total Institutional Charges: \$ _____

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

To be completed by the HOME institution

The University of Massachusetts Lowell agrees to pay the aid noted to the student. 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.

Student Name: _____ **SSN:** _____

Estimated Award Amount: _____ **Expected Disbursement Date:** _____

Name	<u>Tonya Brito</u>	Title	<u>Assistant Director</u>
Address	<u>220 Pawtucket Street, Suite # 131, Lowell MA 01854</u>	Phone	<u>978-934-2000</u>
Email	<u>Tonya_Brito@uml.edu</u>	Fax	<u>978-934-2041</u>
Signature	_____	Date	_____