



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](http://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 21 \_\_\_\_\_ Summer 21 \_\_\_\_\_ Spring 21 \_\_\_\_\_ 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** Tonya Brito **Title** Assistant Director

**Address** 220 Pawtucket Street, Suite # 131, Lowell MA 01854 **Phone** 978-934-2000

**Email** Tonya\_Brito@uml.edu **Fax** 978-934-2041

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_