

UHD ID: _____ Student's First Name: _____ Last Name: _____



Office of Scholarships and Financial Aid
Fall 2025 Consortium Agreement

If you are taking classes at another institution and wish for UHD to consider these hours in regard to your enrollment status for financial aid purposes, you must complete this form and submit your schedule from the host school to the Office of Scholarships and Financial Aid by the deadline. If you wish to receive financial aid under a consortium agreement for multiple semesters, a new form must be submitted each semester.

Final Deadline
 November 7, 2025

University of Houston Downtown (Home School) and _____
 (Host School) are herein entering into a consortium agreement for the above named student.

Step 1: Initial each line below to demonstrate that you understand each statement.

| | |
|--|--|
| | I understand that the courses that I take at the Host School must be transferrable to my degree program at UHD. |
| | I understand that I must be enrolled as a degree-seeking student at UHD, and making satisfactory academic progress as specified by the UHD Satisfactory Academic Progress (SAP) policy. |
| | I understand that I must <u>submit this completed form along with a copy of my course schedule from the Host School to the UHD Financial Aid Office.</u> |
| | I agree that <u>I will submit grade transcripts to the Financial Aid Office from the Host School at the end of the semester.</u> |
| | I understand that a hold will be placed on my account preventing future registration and financial aid disbursement until a grade transcript is received and reviewed by the Financial Aid Office. |
| | I understand that I must remain enrolled in the approved courses at the Host School through the Official Day of Record in order to remain eligible for aid awarded based on those hours. |
| | I understand that UHD will only report hours taken at UHD to the National Student Clearinghouse and this may have an impact on my student loans if I am enrolled in fewer than 6 hours at UHD. |
| | I agree that I will NOT receive financial aid at the Host School. |
| _____ | _____ |
| Student Signature <i>(black or blue ink, no electronic signatures accepted)</i> | Date |
| _____ | _____ |
| Last 4 digits of Social Security Number | Host School Student ID Number |

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|--|---------------------------------|
| Step 2: To be completed by student's UHD Academic Advisor | |
| Of the credit hours that the student is taking at the Host School, how many are applicable to their program at UHD ? _____ | |
| Please list the course(s) the student is taking at the Host School which are applicable to their program at UHD: | |
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| | |
| Academic Advisor's Signature | Academic Advisor's Printed Name |
| Academic Department | Extension/Email Address |

UHD ID: _____ Student's Name: _____

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|--|---|
| Step 3: To be completed by the Host School Financial Aid Office | |
| Will the student receive financial aid at your institution? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If "Yes," STOP. Do not complete the remainder of this form. Please sign the form and return it to the student. If "No," please complete the remainder of this form. | |

| Dates of Enrollment under this Agreement ____/____/____ to ____/____/____ | Number of Weeks of Instructional Time _____ weeks |
|--|--|
| Tuition and Fees per credit Hour | \$ |
| Books and Supplies per credit hour | \$ |
| Room and Board | \$ |
| Transportation | \$ |
| Personal | \$ |
| Child Care | \$ |
| Total | \$ |

The Host School's Financial Aid Office agrees to notify UHD's Office of Scholarships and Financial Aid if the student withdraws from any classes taken under this agreement. Yes No

| | |
|--|--|
| Host School's Financial Aid Officer's Signature <i>(Blue or black ink, no electronic signatures accepted)</i> | Host School's Financial Aid Officer Printed Name |
| Phone Number/Email Address | Date |