



This agreement is between University of Valley Forge and (Home School) and (Host School)

Section 1: To be completed by the student.

Name Social Security Number

Phone Number UVF ID Number

Consortium Term Summer 2022 Fall 2022 Spring 2023

Please Note: With few exceptions a consortium agreement specifically applies to one term of enrollment.

Do you plan to register at UVF during the consortium term? (Please check one) Yes No

If "Yes," how many hours do you plan to take at UVF?

Statement of Authorization:

I agree to:

- Have the host school send the completed form to UVF by the first Friday of classes at UVF.
Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at UVF.
Comply with UVF's and the host school's policies regarding refunds, Satisfactory Academic Progress, and all other eligibility requirements.
Pay all charges in a timely manner to both the host school and UVF.
Ensure that an official academic transcript from the host school is provided to the UVF Registrar's Office.
Allow UVF and the host school to share information related to my enrollment and financial aid eligibility.

Student Signature Date

Section 2: To be completed by the student's academic advisor.

The student named above intends to enroll in the following courses at the host school named above. These courses are the academic equivalent to the UVF courses listed.

Table with 2 columns: Course, UVF Equivalent

My signature below confirms that the course to be taken at the host school will be accepted as partially fulfilling the requirements of this student's degree program at UVF.

Advisor's Signature Date

Advisor's Printed Name

**Section 3: To be completed by the Host School's Financial Services Office.**

Enrollment Dates at Host School \_\_\_\_\_ to \_\_\_\_\_

Enrollment status while at Host School    \_\_\_\_\_ <1/2 time    \_\_\_\_\_ 1/2 time    \_\_\_\_\_ 3/4 time    \_\_\_\_\_ full time

Please list below all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course.

Course \_\_\_\_\_ Credit Hours \_\_\_\_\_

Course \_\_\_\_\_ Credit Hours \_\_\_\_\_

Course \_\_\_\_\_ Credit Hours \_\_\_\_\_

Course \_\_\_\_\_ Credit Hours \_\_\_\_\_

Total Credits Hours \_\_\_\_\_

Cost of Attendance for enrollment period stated above:

Tuition & Fees            \$ \_\_\_\_\_

Room & Board            \$ \_\_\_\_\_

Books & Supplies        \$ \_\_\_\_\_

Transportation          \$ \_\_\_\_\_

Other (Please specify)  
\_\_\_\_\_ \$ \_\_\_\_\_

Total:                      \$ \_\_\_\_\_

As a representative of the host institution you agree to:

- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV and State financial aid requirements.
- Not award any federal, state, institutional, or private aid during the time the student is enrolled at your school
- Accept payment from the student, apply it to your enrollment charges and disburse any credit balance to the student in accordance with your school's policy
- Notify UVF immediately and supply effective date(s) if the student withdraws or drops any hours reported in this agreement
- Upon the student's request, facilitate the release of an official academic transcript to the UVF Registrar's Office upon completion of the consortium term

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Office Fax