

OFFICE OF FINANCIAL SERVICES 1401 Charlestown Road Phoenixville, PA 19460

(Home School) (Host School) Section 1: To be completed by the student. Name	This agreement is between	_University of Valley Forge_ and		
Name	C	(Home School)	(Host School)	
Phone Number	Section 1: To be completed by the stud	dent.		
Consortium TermSummer 2024Fall 2024Spring 2025 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)YesNo	Name	Social Security Number		
 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)YesNoIf "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 U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Complete the hours indicated in Section 2 of this agreement at the host institution and the hours listed above at U Pay all charges in a timely manner to both the host school and UVF. (Please Note: UVF will disburse financial aid according to the UVF disbursement schedule. If charges are due at the host school in a timely manner.) Financial a received from UVF will not be directly transferred to the host school. Ensure that an official academic transcript from the host school is provided to the UVF Registrar's Office. Failure t do so may affect your future financial aid eligibility and will result in no further consortium eligibility as a student a UVF. Allow UVF and the host school to shar	Phone Number	UVF ID Number		
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 U • Comply with UVF's and the host school's policies regarding refunds, Satisfactory Academic Progress, and all other eligibility requirements. ** Please note: Students must pay all tuition, fees and prior term balances by the published deadline. Processing of this form does not constitute a valid reason for late payment of charges at UVF. • Pay all charges in a timely manner to both the host school and UVF. (Please Note: UVF will disburse financial aid according to the UVF disbursement schedule. If charges are due at the host school prior to financial aid according to the UVF will not be directly transferred to the host school. • Ensure that an official academic transcript from the host school is provided to the UVF Registrar's Office. Failure t do so may affect your future financial aid eligibility and will result in no further consortium eligibility as a student a UVF. • Allow UVF and the host school to share information related to my enrollment and financial aid eligibility. Student Signature Date Course			blies to one term of enrollment.	
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	1		lent	
Course UVF Equivalent				
Course UVF Equivalent	Course			

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

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 peri	od 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

Email Address

Office Phone

Office Fax