



**Office of Student Financial Aid**  
**Texas A&M Health Science Center**  
**Health Professions Education Bldg 1**  
**8447 State Highway 47**  
**Bryan, Texas 77807-3260**  
**Phone: (979)436-0197 Fax: (979)436-0099**

## CONSORTIUM AGREEMENT

A financial aid consortium agreement is required by The Texas A&M University System Health Science Center (the **HOME** institution) to process or pay federal or state awards for a matriculated degree seeking student who is enrolled as a non-degree student at the **HOST** institution. **To be eligible for consideration in determining the student's eligibility for financial aid, the Consortium agreement must be completed and submitted to the Office of Student Financial Aid at the HSC prior to the end of the add/drop period, as determined by the Registrar's Office at the HOME institution, for the term specified.**

### Part I: STUDENT SECTION

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**The student must:**

1. Take courses at the **HOST School** that are transferable to their degree program at HSC.
2. Be enrolled in a degree-granting program at HSC, and making satisfactory academic progress as specified by the HSC and component Satisfactory Academic Progress policy.
3. Submit this completed form **along with a copy of their registration and fees paid receipt** from their **Host School** to their Home institution Office of Student Financial Aid.
4. Submit grade transcripts from their Host School at the end of the semester.
5. NOT be receiving financial aid at the Host School.

### Part II: HOST SECTION

The Texas A&M University System Health Science Center will be referred to as the **HOME** institution throughout this document. The **HOME** institution and the **HOST** institution named are entering into a consortium agreement.

**HOST Institution:** \_\_\_\_\_  
 Length of Program in weeks at **HOST** institution: \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_  
 List course(s) to be taken at the **HOST** institution:

Course Number	Course Name
_____	_____
_____	_____
_____	_____

### Part III: CERTIFICATION AND SIGNATURES

- A. The **HOST** school certifies that the student has been accepted for enrollment in the program listed.
- B. The **HOST** school agrees not to pay the student any state, federal, or institutional financial aid resources for attendance during the enrollment period listed.
- C. The **HOST** school agrees to notify the **HOME** school if the student withdraws from the program prior to the conclusion of the program. An academic transcript upon written request of the student will evidence satisfactory conclusion of the program.
- D. The **HOME** school agrees to provide payment to the student, if eligible, for the term specified. Payment will be made in such manner as agreed upon between the **HOME** school and the student. ***The student is responsible for payment to the HOST school.***
- E. The **HOME** school advisor certifies that the courses listed in Part II are required in order to fulfill the student's degree requirements.

	HOST School	HOME School Advisor (HSC)
<b>Signature</b>	_____	_____
<b>Date Completed &amp; Signed</b>	_____	_____
<b>Printed or typed name</b>	_____	_____
<b>Title</b>	_____	_____
<b>Phone Number</b>	_____	_____
<b>Email Address</b>	_____	_____

**Return Form To: Office of Student Financial Aid, 8447 State Highway 47, Bryan, TX 77807-3260**  
**Phone: (979)436-0197 Fax: (979)436-0099**