



Division of Enrollment Management  
Office of Student Financial Aid and Scholarships

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**Consortium Agreement**  
**between The University of Florida (Home Institution)**  
**and \_\_\_\_\_ (Host Institution)**

The two institutions named above are herein entering into a consortium agreement for student

\_\_\_\_\_. Student's UFID is \_\_\_\_\_.

The consortium agreement is entered for the \_\_\_\_\_ semester, which commences on \_\_\_\_\_\*  
and ends on \_\_\_\_\_\*.

*\*Host institution, please fill in beginning and end dates for the semester(s) the student will attend your institution.*

**Certification**

1. The student listed above is enrolled as a degree-seeking student at the University of Florida, although said student will be taking courses off-campus.
2. The University of Florida will award financial aid to the student and will be responsible for determining refunds or repayments resulting from the student's withdrawing from classes.
3. The host institution *will not* provide financial aid to the student for the period indicated above.
4. The host institution agrees to notify the University of Florida if the student ceases enrollment prior to the end of the term indicated above.

**Cost of Education (Host Institution)**

Tuition/Fee Cost Per Credit Hour	_____	Books & Supplies	_____
# Credit Hours Enrolled This Term	_____	Room & Board	_____
Actual Student Tuition & Fees	_____	Transportation	_____
		Living Expenses	_____
		Other	_____
		<b>TOTAL COST</b>	_____

Course Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Authorization**

\_\_\_\_\_  
*Host Institution, Authorized Signature*

\_\_\_\_\_  
*Home Institution, Authorized Signature*

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

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

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

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