



UNIVERSITY
of HAWAI'I®
MĀNOA

**SINGLE STUDENT CONSORTIUM AGREEMENT
BETWEEN THE
UNIVERSITY OF HAWAII AT MANOA (Home Institution) AND
_____ (Host Institution)**

In accordance with federal regulations, the Home Institution wishes to enter into a consortium agreement with the Host Institution above for the purpose of allowing the student referenced in Section I the benefit of receiving financial aid from the Home Institution's financial aid programs while enrolled at the Host Institution for the _____ semester.

The Consortium Agreement must be completed by: 1) the student applying for aid for a period of enrollment at a "host institution", 2) a University of Hawaii at Manoa representative of the College in which the student is a degree-seeking candidate, who can certify that the credits taken at the host institution are eligible for transfer towards the student's degree at the University of Hawaii at Manoa and 3) an appropriate official at the host institution who can certify the total cost of the coursework and the student's enrollment in the courses reflected on this form.

I. To be completed by the student:

Name: _____ UH ID No: _____
Address: _____
E-mail Address: _____ Phone Number: _____

Student Certification:

I understand that my eligibility for all federal financial aid must be certified by the University of Hawaii at Manoa (UHM) and that under no circumstances am I allowed to apply for any federal grant, work, or loan program through the host institution. I also understand that I must inform the UHM Financial Aid Services Office of any aid I may receive from non-UHM sources, including any assistance from the host institution. I understand that receipt of such aid may require an adjustment to the financial aid awarded by the University of Hawaii at Manoa.

I understand that UHM financial aid will not be sent directly to my host institution. I will make payment arrangements directly with my host institution.

Upon completion of my courses with the host institution, I will initiate the transfer of credits from the host institution to UHM. If there is a delay or insufficient evidence of completion of transfer credits, I understand that this may affect my eligibility for continued financial aid. I understand I must adhere to all current UHM financial aid policy requirements.

Student Signature

Date



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II. To be completed by an authorized University of Hawaii at Manoa representative of the College in which the student is a degree-seeking candidate.

Instructions: The authorized representative of the College in which the student on page one of this agreement is enrolled must certify that the course work the student will pursue at the host institution is eligible for transfer toward the student's University of Hawaii at Manoa degree.

Coursework to be taken at host institution:

Course Number and Name:

Credit Hours:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

University of Hawaii at Manoa Authorized Representative Certification:

I certify that if the student reference in Section I of this agreement completes the course work described, (s)he will be eligible to receive credits towards his/her University of Hawaii at Manoa degree.

Signature of Authorized UHM Representative

Date

Name and Title of Authorized UHM Representative

Telephone Number/E-mail Address



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III. To be completed by an authorized financial aid representative of the host institution:

Instructions: The authorized representative of the host institution must provide 1) the cost of education for the coursework at the host institution, and 2) verification of enrollment in the referenced coursework in Section II. The signature of the authorized representative constitutes a consortium agreement for purposes of determining eligibility for and disbursement of all forms of federal financial aid for the student in Section I of this agreement from the home institution.

Name and Address of Host Institution/Program:

Host Institution/Program Cost of Attendance:

Tuition:	\$	_____	
Fees:	\$	_____	
Room:	\$	_____	
Board:	\$	_____	
Books & Supplies:	\$	_____	
Travel:	\$	_____	
Other:	\$	_____	Explain: _____
TOTAL:	\$	_____	

Period (Dates) of Enrollment: From _____ to _____

Number of credits student is enrolled for: _____

Enrollment status: () less than half-time () half-time () three-quarter time () full-time

Will you provide this student with any financial assistance? ___ No ___ Yes

If yes, please indicate the amount and sources: _____

Host Institution/Program Certification:

I certify that the student in Section I of this agreement is enrolled in the coursework described in Section II. I agree that if the student submits an application for federal student financial aid to my institution/program for the period stated above, I will not process federal financial aid for the student. I agree to notify the Financial Aid Services at the University of Hawaii at Manoa of any changes in the student's enrollment status and any refund due to the student. I also agree to provide an updated enrollment status report upon request to Financial Aid Services at the University of Hawaii at Manoa.

Signature of Authorized Host Institution Representative Date

Print Name and Title of Authorized Host Institution Representative Telephone Number/E-mail Address



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PLEASE RETURN THIS COMPLETED FORM TO:

NEXus Campus Staff Coordinator
ATTN: Aeza Hafalia
2528 McCarthy Mall, Webster 201
HONOLULU, HI 96822

The completed form will then be forwarded to:

JODIE KUBA
UNIVERSITY OF HAWAII at MANOA
FINANCIAL AID SERVICES
2600 CAMPUS ROAD, QLCSS 112
HONOLULU, HAWAII 96822
Telephone number: (808) 956-7251
Fax number: (808) 956-3985