

University of Maryland, Baltimore County  
Office of Financial Aid and Scholarships  
1000 Hilltop Circle  
Baltimore, MD 21250

Phone: 410-455-2387  
Voice/TTY: 410-455-3233  
FAX: 410-455-3322

### 2024-2025 Consortium Agreement Contract

**Instructions:** Complete Section I of this form and forward it to the Host institution for completion. The complete form, a copy of your "Verification of Transferability" signed by your advisor, a copy of your semester schedule at your host school along with a copy of your bill from your host school must be submitted for processing no later than the last day of the schedule adjustment period.

#### SECTION I: TO BE COMPLETED BY THE STUDENT

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ UMBC Campus ID: \_\_\_\_\_  
Last First MI

Host Institution: \_\_\_\_\_ Host Student ID: \_\_\_\_\_

#### BY SIGNING THIS CONSORTIUM AGREEMENT, I (THE STUDENT) AGREE TO:

- Provide an approved Verification of Transferability (VOT) form to confirm that the course(s) will be accepted by UMBC and that the course(s) meets requirements for my degree program.
- Notify the Office of Financial Aid and Scholarships at UMBC if there is a change to my enrollment status at the host institution within 5 business days.
- Authorize the Host institution to release any information required to finalize my financial aid at UMBC.
- Make payment arrangements for my enrollment at the Host institution.
- Have my financial aid processed only at UMBC.
- Submit an official transcript to UMBC's Registrar's Office within 30 days of my last day of enrollment at the Host institution.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### SECTION II: TO BE COMPLETED BY THE HOST INSTITUTION

The above student is seeking a degree from the University of Maryland, Baltimore County (UMBC) and plans to enroll at your institution. By signing this agreement, the Host institution verifies that the student listed above will not receive federal student financial aid during the term of attendance from the Host institution. **The student is responsible for payment of all charges at the Host institution.**

Name of Host Institution \_\_\_\_\_ Term Enrolled: \_\_\_\_\_

Number of Credits Enrolled: \_\_\_\_\_ Tuition and Fee Charges: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date Printed Name and Title

\_\_\_\_\_  
(Area Code) Telephone Number E-mail Address