SECTION I - Important Information

- A completed Consortium Agreement is required by UMass Boston (HOME) in order to process or pay federal and/or state financial aid for a degree seeking student who is enrolling as a non-degree student at another institution (HOST).
- The Consortium Agreement must be completed and submitted to UMass Boston’s Financial Aid Services prior to the end of the add/drop period for the term specified.
- Submit with this completed Consortium Agreement a copy of the completed Undergraduate Transfer Credit Permission form (denoted at http://www.umb.edu/registrar/forms as an Undergraduate Transfer Waiver Form) and a completed Prior Approval Form is required for Study Abroad students.
- The student’s responsibility is to ensure all forms are completed in a timely manner & the HOST school is paid.

SECTION II - To be completed by the Student

HOST Institution Name: __________________________ City or Country ________________

Intended Enrollment Period (indicate only one term per form):

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>20</td>
</tr>
<tr>
<td>Spring</td>
<td>20</td>
</tr>
<tr>
<td>Summer</td>
<td>20</td>
</tr>
</tbody>
</table>

Course(s) to be taken: ___________________________________________ Credits: __________

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a $20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

__________________________________________ Date

Student Signature

HOST Institution, please complete page two.
SECTION III – To be completed by the HOST Institution

Enrollment Period (mm/dd/yy to mm/dd/yy): From__________ To __________ Total Credits: __________

Standard Allowance Amounts (for the term indicated in Section II)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Room/Board</td>
<td></td>
</tr>
<tr>
<td>Living Allowance</td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td></td>
</tr>
<tr>
<td>Books/Supplies</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Total Cost: $______________

HOST Institution Certification:

- The HOST school certifies the student named on this form is enrolled for the period of attendance indicated.
- The HOST school agrees to notify UMass Boston if the student withdraws from the program prior to the conclusion of the enrollment period.
- The HOST school agrees not to pay the student any state, federal, or institutional financial aid resources for attendance during the enrollment period listed.
- The HOME school agrees to provide payment to the student, if eligible, for the term specified.
- The student is responsible for ensuring payment to the HOST school.

HOST Institution Signature ____________________________
Printed Name ____________________________
Title ____________________________
Date ____________________________
Phone ____________________________
Fax ____________________________

SECTION IV – To be completed by UMass Boston

UMass Boston Signature ____________________________
Printed Name ____________________________
Title ____________________________
Date ____________________________
Phone 617-287-6300
Fax 617-287-6323

Date submitted: ____________________________
Date processed: ____________________________