CONSORTIUM AGREEMENT

THE UNIVERSITY OF TEXAS AT EL PASO (HOME SCHOOL)

BETWEEN

AND

EL PASO COMMUNITY COLLEGE (HOST SCHOOL)

___________________________________________

E-MAIL ADDRESS

___________________________________________

Phone

Semester for which form is being completed:  □ Fall 20___ □ Spring 20___ □ Summer 20___

By signing this form, the student accepts to:

1. Read and comply with the regulations of SECTION I
2. Complete SECTION II: submit this form to your UTEP Academic Advisor for a signature and provide her/him with a copy of your EPCC class schedule or student statement.
3. Be enrolled at both UTEP and EPCC before submitting the form to the Office of Student Financial Aid at UTEP.
4. ATTACH A COPY OF THE EPCC STUDENT STATEMENT, available at any EPCC cashier (not the "student schedule").
5. Submit a new form if there are changes to your EPCC class schedule for the semester the form is being submitted.

SECTION I – TO BE COMPLETED BY STUDENT

I UNDERSTAND THAT:

1. This agreement cannot be processed if I am under an Academic Plan (the Financial Aid Probation Period), Texas B-On-Time or enrolled full time at UTEP.
2. This agreement will be processed 3-5 business days after submitting it.
3. This agreement is applicable ONLY if I am enrolled less than 12 credits at UTEP and I must complete a new form every semester.
4. I am designating The University of Texas at El Paso as my home school; I have been accepted to a degree program.
5. The courses I take at EPCC must be transferable to my degree program at UTEP in order to receive financial aid, and need to be approved by a UTEP Academic Advisor.
6. I can only receive financial aid from UTEP; therefore, I must visit EPCC’s financial aid office and cancel all financial aid (grants, loans and work-study) for this semester.
7. The submission of this form may not result in additional financial assistance.
8. I MUST MAKE PAYMENT ARRANGEMENTS WITH EPCC BEFORE THEIR PAYMENT DEADLINE TO COVER THEIR TUITON & FEES AND ASK THEM ABOUT AN EMERGENCY LOAN (UTEP does not send them any funds to pay for the EPCC balance).
9. I must be an undergraduate student enrolled for at least half-time (6 hrs. for FALL and SPRING, and 3 hrs. for SUMMER) at UTEP in order to qualify for this consortium agreement. If my enrollment at UTEP drops below half time (6 hrs.) this agreement will be voided.
10. Enrollment at EPCC will be verified AFTER UTEP’s Census Date (12th day of classes). If enrollment at EPCC does not match the information on this form, financial aid amounts will be adjusted and I will be billed if there is a difference in eligibility.
11. Cost of Attendance (COA) will decrease as a result of submitting this form and I may be asked to return a portion of my student loan and/or other aid; information on COA available at: www.utep.edu/financialaid.
12. If I withdraw, I will fall under UTEP’s policies and procedures for refunds/repayments.

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13. Courses taken under the Consortium Agreement will be considered as part of UTEP’s academic standing for Satisfactory Academic Progress (SAP) criteria; information on SAP available at: www.utep.edu/financialaid.

14. If I become eligible for additional funding, it will be provided on a reimbursement basis after all UTEP financial obligations have been met.

15. This will affect any UTEP Scholarship I am receiving and might affect other financial aid I am awarded.

16. I understand that the policy regarding repeat coursework will apply.

17. I understand that as a work study employee, I am required to maintain enrollment requirements, if I do not comply with the Consortium process, it is grounds for termination.

18. I will submit the transcript from EPCC to UTEP’s Office of Admissions immediately after the semester ends.

19. My signature on this form authorizes release of academic information between EPCC and UTEP.

___________________________________
Student Signature (Accepting all statements above)

___________________________________
Date

SECTION II - TO BE COMPLETED BY UTEP ACADEMIC ADVISOR

REMINDER: The following classes are NOT covered by this agreement:
READ 0307  ENGL 0309  MATH 0300  MATH 0301  MATH 1314

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<thead>
<tr>
<th>EPCC Course(s):</th>
<th>UTEP Course Equivalent:</th>
<th>UTEP Advisor’s initials</th>
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<tbody>
<tr>
<td>Include: Title and Number [i.e.: ENGL 1301]</td>
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I certify the courses approved above are applicable towards the applicant’s degree plan.

___________________________________
Print Name and Title - UTEP Academic Advisor

___________________________________
Academic Department

___________________________________
Signature – UTEP Academic Advisor

Date

______________________________
Telephone Number

E-mail address

SUBMIT COMPLETED FORM TO:
Mike Loya
Academic Services Building
Financial Aid Office Room 204 or Enrollment Services Rm. 101

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

SS#__________________________

Cost of attendance for the semester for which the form is being submitted: ________

Tuition and Fees: ________

Books and Supplies: ________

Total: ________

EPCC Hours: ________  UTEP Hours: ________  Total Hours: ________  FA Initials: ________