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
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
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:

<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</td>
<td>$____________</td>
</tr>
<tr>
<td>Board</td>
<td>$____________</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$____________</td>
</tr>
<tr>
<td>Travel</td>
<td>$____________</td>
</tr>
<tr>
<td>Other</td>
<td>$____________ Explain: ___________________________</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$____________</td>
</tr>
</tbody>
</table>

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
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