INSTRUCTIONS: This form is for UCF first-degree undergraduate financial aid recipients only. (Post-baccalaureate or graduate students should not use it.) Students are responsible for returning this form before the published semester withdrawal deadline.

IMPORTANT FACTS: (After reading each fact, please check the box to left.)

- You must be enrolled in at least **one UCF class during the first term at UCF** or initial readmit term to receive financial aid.
- **Transient hours cannot be used** to fulfill hour requirements for institutional programs such as the UCF Grant, UCF Scholars Award, UCF Merit Award, and Pegasus Scholarships. Check website for detailed requirements for each program.
- For all other financial aid programs, you must be enrolled in UCF hours in addition to the transient hours. (Exceptions will be made for special circumstances only.)
- Please note Federal Direct Stafford and PLUS loans require a minimum of **6 UCF hours** for eligibility.
- Financial aid will not be disbursed until after the completion of this transient process.
- You may be required to repay financial aid awards should you drop or withdraw from any classes.
- All transient course credits must transfer towards your current degree at UCF.
- I understand that it is my responsibility to request, from the transient institution, an official copy of my transcript to be sent to UCF after I have completed the term.
- This office will not accept courses taken without Confirmation of Advisor Authorization (www.FloridaShines.org).

STUDENT INFORMATION:

Name: _____________________________________

Major: _____________________________________ UCF ID/ PID _________________________

Please check the term you will be transient: _____ Fall     _____ Spring     _____ Summer

Name of Host Institution: ______________________________________________________________

Documents you must submit to the Office of Student Financial Assistance in order for financial aid to be processed and disbursed:

1. Transient Notification Form for Financial Aid (this form)
2. Fee Invoice and Class Schedule from Host institution
3. Copy of the Transient Student Approval Form with required signatures from Academic Advisor, Academic Services (if required) and UCF Registrar’s Office.
4. Consortium Agreement signed by Host institution (page 2 of this document)

I have read and clearly understand my rights and responsibilities as stated above. I have checked all of the boxes under important facts and completed the student information section of this form. I have also submitted legible copies of the four required document listed above before the published semester withdrawal deadline.

Signature _______________________________________________     Date: __________________________
CONSORTIUM AGREEMENT

(For Out of State and Private Institutions)

Part I. Student Information: (To be completed by student prior to submitting to the host school’s Financial Aid Office)

The University of Central Florida and __________________________ are (Host Institution) herein entering into a Consortium Agreement for __________________________ (Student’s Name)

UCF Student UCF ID/ PID: __________________________, during the

Term: (choose one) ☐ Fall 20______ ☐ Spring 20______ ☐ Summer 20______

Student’s Host Institution ID# __________________________

Part II. Host Institution’s Information: (To be completed by host institution’s Financial Aid Office)

Institution’s cost based on student’s current enrollment:

$_______________________ Student’s Tuition and Fees

$_______________________ Host School’s Federal School Code: __________________________

$_______________________ Cost per Credit Hour

Host School’s last day to drop classes: __________________________

Student’s Course Enrollment:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statement of Agreement by UCF and the Host Institution

It is agreed by both institutions that only UCF will award and process eligible financial aid for this student. The Host Institution agrees to notify UCF of any changes to this student’s enrollment. It is also agreed that only UCF will be responsible for monitoring this student’s Satisfactory Academic Progress. It is understood that the student is responsible for payment of fees owed to the Host Institution. It is agreed that this form will not be signed before the end of Host Institution’s Add/Drop period.

_________________________________________          _______________________
Host Institution Financial Aid Officer’s Signature                                            Date

_____________________________________________________              ____________________________
Print - Host Institution Financial Aid Officer’s Name                                        Telephone

Transient Coordinator, Sr. Financial Aid Officer _____________________________________________

_________________________________________
(407) 823-2827

Office of Student Financial Assistance
University of Central Florida
Millican Hall, Room 120●Orlando, FL 32816-0113●Phone: (407) 823-2827●Fax: (407) 823-5241
www.finaid.ucf.edu

An Equal Opportunity and Affirmative Action Institution