

University of Central Florida

Transient Notification Form for Financial Aid(For Out of State and Private Institutions)

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 off the ho	v to the left)	

I		You must be enrolled in at least <u>one UCF class during the first term at UCF</u> or initial readmit term to receive financial aid								
I	☐ Transient hours cannot be used to fulfill hours requirements for institutional programs such as the UCF Grant of the UCF G									
1		Scholars Award, and Pegasus Scholarships. Check website for detailed requirements for each program. Florida Department of Education Programs such as Bright Futures may require enrollment of Florida Public								
	_	Postsecondary institutions in addition to the transient hours.								
□ Please note Federal Direct Stafford and PLUS loans require a minimum of 6 UCF hours for eligibili										
	☐ You are responsible for paying fees to the transient institution.									
	UCF will process financial aid for UCF degree-seeking students only.									
	 □ 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 transcript to be se									
		to UCF after I have completed the term.								
I	☐ This office will not accept courses taken without the Transient Student Approval Form via approval of the UCF									
	_	Registrar's Office.								
		A student's SAP status is evaluated every semester to include newly earned grades into their status. Cormation:								
Name: _		Enrollment Status:								
Major: _		UCF ID:								
Please ch	necl	k the term you will be transient:FallSpringSummer								
Name of	He	ost Institution:								
Docume and disb		you must submit to the Office of Student Financial Assistance in order for financial aid to be processed sed:								
		Transient Notification Form for Financial Aid (this form)								
		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	1.	Consortium Agreement signed by Host institution (Page 2 of this document)								
		Student Statement of Compliance								
Facts and	coı	and clearly understand my rights and responsibilities as stated above. I have checked all of the boxes under <i>Important</i> mpleted the student information section of this agreement. I have submitted legible copies of the Fee Invoice /Class dual enrollment before the semester withdrawal deadline.								
	-	Student Signature Date								



University of Central Florida

CONSORTIUM AGREEMENT

(For Out of State and Private Institutions)

<u>Part I. Student Information:</u> (To be completed by student prior to submitting to the host school's Financial Aid Office)

University	y of Central Florida an	nd (Host Institu UCF Student UC		are herein entering int	o a consortium agreement for
	(Student Name)			UCFID	
Term: (Choose one)	□ Fall 20 □] Spring 20	Summer 20	
Student	's Host Institutio	on ID#			_
Part II. S	Student Enrollmen	nt Information: (To b	e completed by host insti	tution's Financial Aid Offic	ee after the add/drop deadline)
Institutio	n's Cost based on St	tudent's current enroll	ment:		
\$Student	e's Tuition and Fees	Host Scho	ool's Federal School C	Code:	_
SRoom a	and Board	Enrollme	ent Status:		
\$ Cost per	· Credit Hour	Host Sch	ool's last day to drop o	classes:	
Student's	s Course Enrollment				
Prefix	Course Number	Course Title		Credit Hours	
					_
UCF of any	y changes to this studen	t only UCF will award and	d that only UCF will be res	l aid for this student. The Ho sponsible for monitoring this	st Institution agrees to notify student's satisfactory academic
Host Instit	tution Financial Aid Offic	cer Signature	Date		
Print – Ho	ost Institution Financial A	Aid Office's Name	Telephone		<u> </u>
Transient	Coordinator, Financial A	Aid Officer	407.823.2827/ SFAT1	ransient@ucf.edu	