

## 2023-2024 Concurrent Enrollment Agreement Instructions

### COMPLETING THE FORM

- Section A:** Complete the requested student information
- Section B:** Provide the name and location of the HOST school and the dates you will be enrolled
- Section C:** Submit form to your UNTD academic advisor to complete the requested information
- Section D:** Submit form to UNTD Registrar's Office to obtain signature
- Section E:** Submit form to the Registrar's Office at your HOST school complete the requested information
- Section F:** Submit form to the Financial Aid Office at your HOST school complete the requested information
- Section G:** Attach proof of payment or payment arrangement for classes listed in Section C that are being taken at the Host Institution.
- Section H:** Read, sign and date the certification

### SUBMITTING THE FORM

- Ensure the form is complete and the required documentation is attached.
- Return the form and required documentation to the Financial Aid & Scholarships office at UNTD.

### PLEASE NOTE:

- ✓ You **MUST BE** awarded a Federal Pell Grant to be eligible to complete the Concurrent Enrollment form.
- ✓ If you were only awarded federal student loans, you are not eligible to complete this form.
- ✓ TASFA applicants are not eligible to complete this form.
- ✓ You must be enrolled in **at least 6 undergraduate hours at UNTD**. Allow 2-4 weeks **after** the add/drop period (census) for this form to be processed.
  - **Fall 2023: September 7<sup>th</sup>**
  - **Spring 2024: January 31<sup>st</sup>**
- ✓ The deadline to turn in a completed form:
  - **Fall 2023 is November 3<sup>th</sup>**
  - **Spring 2024 is April 5<sup>th</sup>**

*No Concurrent Enrollment forms will be accepted after the deadline for each term.*
- ✓ Contractual hours will be placed on your class schedule as a placeholder for the hours being taken at your HOST school.
- ✓ You must submit your transcripts from your HOST school to UNTD Registrar's Office at the completion of the term.

***Return this completed form with any required documentation to:***

*Student Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd, Dallas TX, 75241  
or fax to (972) 338-1799 or save and attach as PDF and email to [financialaid@untdallas.edu](mailto:financialaid@untdallas.edu)*



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

## 2023-2024 Concurrent Enrollment Agreement

### SECTION A: STUDENT INFORMATION

Name: \_\_\_\_\_ UNTD Assigned ID: \_\_\_\_\_ SSN (last 4 digits only): \_\_\_\_\_

### SECTION B: HOST SCHOOL INFORMATION

As allowed in Part 600.9, Student Assistance General Provisions, and Parts 590.1-590.83, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between the **HOME** institution, **THE UNIVERSITY OF NORTH TEXAS AT DALLAS** and the **HOST** institution, for the purpose of providing federal assistance to the student named above.

Host School: \_\_\_\_\_ Title IV OPEID: \_\_\_\_\_

Location: \_\_\_\_\_

Expected Dates of Enrollment: \_\_\_\_\_

### SECTION C: UNTD ACADEMIC ADVISOR – CERTIFICATION HOME INSTITUTION

Degree Program: \_\_\_\_\_ Approved Course Name(s) and Number(s) at Host Institute: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Is there a copy of a degree plan on file? Check one:  Yes  No      If no, has the student requested one to be filed?  Yes  No  
The above name student has permission to study at the above campus for the period stated.

UNTD Academic Department Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UNTD Academic Department Advisor's Name Printed: \_\_\_\_\_

### SECTION D: UNTD REGISTRAR'S OFFICE – CERTIFICATION HOME INSTITUTION

The University of North Texas at Dallas agrees to accept as transfer credit satisfactory completed course(s) earned at the Host institution and approved by the UNTD academic advisor

University of North Texas at Dallas Registrar : \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION E: HOST INSTITUTION REGISTRAR'S OFFICE CERTIFICATION**

Number of Enrolled Credits:

This Constitutes FT  ¾  ½  ¼ 

Length of Period of Enrollment: Weeks

Dates of Enrollment: From: To:

**Enrollment Certification** (May be completed by FA Officer)

The Host Institution certifies that the student is enrolled for the "Dates of Enrollment" and the Host Institution certifies that it is eligible to participate in all the Federal Student Aid programs.

HOST Registrar or (FAO) Signature: \_\_\_\_\_

Title: Date:

Phone: Email Address:

**SECTION F: HOST INSTITUTION'S FINANCIAL AID OFFICE**

Average Estimated Tuition only per Credit Hour: \$ \_\_\_\_\_

**FA Non-Payment Agreement**

The HOST Institution agrees that it will not pay the student a Pell Grant and/or any Campus-Based Funds and that it will not certify a Guaranteed Student Loan during the "Dates of Enrollment." Further, the HOST Institution agrees that, if aware, it will inform the University of North Texas at Dallas if the student withdraws before the end of the "Dates of Enrollment."

Host Financial Aid Officer Signature: \_\_\_\_\_

Title: Date:

Phone: Email Address:

**SECTION G: PROOF OF PAYMENT** Attach proof of payment or payment arrangement for classes listed in Section C that are being taken at the Host Institution.**SECTION H: STUDENT CERTIFICATION**

Please read each item before signing the form.

- I understand I need to be enrolled in **at least 6 hours undergraduate credit at UNTD** to be considered for concurrent financial aid eligibility.
- I certify I have requested/filed a degree plan at University of North Texas at Dallas (UNTD).
- I certify I will not be receiving financial aid at the Host Institution.
- I will provide proof of payment or payment arrangement made at the Host Institution.
- I will notify UNTD if I drop or withdraw from the hours enrolled at the Host Institution.
- I understand if I withdraw, the withdrawal will fall under the UNTD policies and procedures.
- **I understand I will not receive financial aid in a future semester until an official academic transcript is submitted to the UNTD Registrar's Office.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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