

2024-2025 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 2024: September 7th**
 - **Spring 2025: January 31st**
- ✓ The deadline to turn in a completed form:
 - **Fall 2024 is November 3th**
 - **Spring 2025 is April 5th**

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*

2024-2025 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: _____

Return this completed form with any required documentation to:

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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: _____

Return this completed form with any required documentation to:

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