



University of Houston System Student Pathways Program Application and Consortium Agreement

(THIS FORM MUST BE REVIEWED AND SIGNED BY YOUR ACADEMIC ADVISOR)

(Home Institution) Degree Granting Institution: ___ UH-MAIN ___ UH-DOWNTOWN ___ UH-CLEAR LAKE ___ UH-VICTORIA

(Host Institution) Consortium Institution: ___ UH-MAIN ___ UH-DOWNTOWN ___ UH-CLEAR LAKE ___ UH-VICTORIA

The two institutions checked above are herein entering into a consortium agreement for:

Student Full Name: _____ Student ID#: _____ Phone: () - _____
Address: _____ Birthdate: / / _____ Email: _____

NOTE: If you intend to utilize any Financial Aid or Veteran Benefits at your Home Institution, then please respond to the following:

Utilizing Financial Aid at Home Institution? [] Yes [] No

If utilizing Veteran Benefits, indicate type: _____

SECTION I - STUDENT CRITERIA & INSTRUCTIONS

The student must:

- 1. Select courses at Host Institution that are transferable to the degree/certificate program at the Home Institution
2. Be a first time degree seeking undergraduate student enrolled in a degree-granting program at Home Institution and be in good academic standing at both institutions.
3. Pay your tuition or make payment arrangements at the Host Institution by their posted payment deadline.
(Financial aid packaging at students Home Institution can not be finalized until payment has been finalized by the student at the Host Institution). Home does not pay your tuition at the Host.

NOTE: This form must be completed for each semester you co-enroll and must be approved by your academic advisor indicating the courses being taken at the participating consortium partner are applicable to your degree requirements.

I agree to allow the Host Institution indicated above to provide the Home Institution with an Academic Transcript at the end of each semester for which this Agreement is submitted. I understand that I can only take up to 6 hours through UHS Pathways. I also understand and agree to the terms and requirements set forth in Section 1.



SIGNATURE: _____ DATE: _____

SECTION II: List Classes to be Taken at Host

Student: Please list the course(s) you are seeking to take at the Host Institution that are needed for your degree program. You must have satisfied the pre-requisites and meet all deadlines at the Host institution. NOTE: A new form must be submitted should your courses change.

To Be Filled Out By STUDENT

Semester: _____ Year: _____

Table with 3 columns: Course Prefix & #, CSN/CRN#, Course Title. Example row: Ex: FINC 3331, 14771, Business Finance

Section Below Completed by HOME Academic Advisor

The above named student is seeking to take the course(s) listed. Confirm pre-requisites have been satisfied. The course(s) must apply to the student's degree program at the home institution and cannot exceed a total of 6 credit hours during the student's academic career. Note: After completion, the course credits will be transmitted through an electronic transcript to the home institution.

ADMINISTRATIVE USE by HOME

Table with 2 columns: When applicable: Please list the associated pre-requisites that the student completed. Classification: FR SO JR SR. Total semester hours enrolled at Home for specified semester?

Home Advisor: _____ Associate Dean or Dean: _____ Texas Resident: []
NOTE: Route completed and signed form to the Pathways Official at your Institution. Non-Resident: []
Home UHS Pathways Official: _____ Date Reviewed: _____ Int'l Visa Type: _____

Host UHS Pathways Official: _____
Date Processed Application: _____