



# CONSORTIUM AGREEMENT



**Important:** A Consortium Agreement will not be processed if you are receiving an UTEP Excellence Scholarship or a state exemption such as Hazlewood, completed a TASFA, are on an approved SAP Appeal or are employed through the Federal Work-Study Program.

**The University of Texas at El Paso**  
(HOME SCHOOL)

AND

**El Paso Community College**  
(HOST SCHOOL)

Student's Last Name

Student's First Name

Middle Initial

Student's UTEPID Number

Student's Email Address

Student's Primary Phone (include area code)

**Semester for which form is being completed:**

Fall 2025

Spring 2026

By signing this form, the student accepts to:

1. Read and comply with the regulations in Section 1.
2. Complete Section 2: Submit this form electronically to your UTEP Academic Advisor for approval and a signature. Provide the Academic Advisor with a copy of your EPCC student statement.
3. Be enrolled at both UTEP (for a minimum of 6 credit hours) and EPCC before submitting the form electronically to the Office of Student Financial Aid (OSFA) at UTEP.
4. **Attach a copy of your EPCC Student Statement which is emailed to you by tuitions@epcc.edu.**

**Final Deadline Date: First Day of Class for the semester at UTEP**

## SECTION 1 - TO BE COMPLETED BY THE STUDENT - - PLEASE READ:

I understand that:

1. I must be an undergraduate student enrolled at least half-time (6 credit hours Fall and/or Spring) at UTEP in order to qualify for this Consortium and I must complete a new Consortium form for each semester. I understand that in order to qualify for Paydirt Promise I must be enrolled in at least 6 UTEP and 3 EPCC credit hours.
2. I have been accepted to a degree program at UTEP; I am designating UTEP as my home school.
3. The courses I take at EPCC must be transferable to my degree program at UTEP in order to receive financial aid and need to be approved by my UTEP Academic Advisor.
4. I understand I can only receive financial aid at UTEP; if I have been awarded aid at EPCC, **I must have EPCC cancel ALL aid for the semester listed above.**
5. The submission of this form **may not** result in additional financial assistance.
6. I MUST make payment arrangements with EPCC before EPCC's payment deadline to cover tuition and fees. UTEP will not send EPCC any funds directly.
7. My Cost of Attendance (COA) will decrease as a result of submitting this form and I may be asked to return a portion of my student loan and/or other financial aid that has already disbursed. Information on COA is available at: <https://www.utep.edu/student-affairs/financialaid/overview/cost-of-attendance.html>.
8. If I withdraw from classes, UTEP's policies for refunds/repayments will apply. **If I withdraw from EPCC classes and do not inform UTEP OSFA, I will not be permitted to submit a Consortium Agreement for a future semester.**
9. Courses taken under the Consortium Agreement will be considered as part of UTEP's academic standing for Satisfactory Academic Progress (SAP) criteria. Information on SAP is available at: <https://www.utep.edu/student-affairs/financialaid/eligibility/sap.html>.
10. **I will submit my academic transcript for this semester from EPCC to UTEP's Office of Admissions immediately after my grades are posted at the end of the semester.**
11. My signature on this form authorizes the release of academic information between EPCC and UTEP.

Student Signature (I accept all conditions listed above.)

Date

**Allow 3 - 5 business days after submission for processing of this form.**

Revised June 2025

# CONSORTIUM AGREEMENT

## SECTION 2 - TO BE COMPLETED BY UTEP ACADEMIC ADVISOR

**Reminder:** The following classes are NOT covered by this agreement:

READ 0307      ENGL 0309      MATH 0300      MATH 0301      MATH 1314

EPCC Course Include Title and Number (i.e.: ENGL 1301)	UTEP Course Equivalent	Course is part of Degree Plan (Y/N)	UTEP Advisor's Initials

I certify the courses approved above are applicable towards the student's degree plan.

\_\_\_\_\_

Print Name and Title - UTEP Academic Advisor

\_\_\_\_\_

Academic Department

\_\_\_\_\_

Adobe Digital or Wet Signature and Date for UTEP Academic Advisor

\_\_\_\_\_

Academic Advisor E-mail

**SUBMIT COMPLETED FORM TO:**

@ . . . . . enter # .