

**CONSORTIUM AGREEMENT between
THE UNIVERSITY OF ARKANSAS HOPE-TEXARKANA
and
NATIONAL PARK COLLEGE**

Student's Name:
Student's UAHT ID #:

This document is an individual agreement between the **University of Arkansas Hope/Texarkana (UAHT), Hope, Arkansas, and National Park College (NPC), Hot Springs, Arkansas** for the _____ semester.

It is agreed that _____ is a matriculated student at **UAHT**, taking courses at **NPC**, with the approval of **UAHT**. Approved courses may consist of those listed below, which will apply toward the student's degree in the **Funeral Service Program at UAHT**. The student **must** be enrolled in a **minimum of 3 credit hours through UAHT**.

Fall Semester	Credits	Spring Semester	Credits
ENGL 1113 - English composition I	3	ACT 1103 – Principles of Accounting	3
CIS 1023 – Introduction to Computing	3	ENGL 1023 – English Composition II	3
BUS 1113 – Introduction to Business	3	SPCH 1103 – Fundamentals of Public Speaking	3
Select One: MATH 1213 – Quantitative Literacy	3	FSED 1003 – Funeral Service Chemistry WEB	3
MATH 1123 – College Algebra	3	Class from Hope	
FSED 1013 Funeral Service Anatomy WEB Class from Hope	3	*NPC Class schedule must be submitted to UAHT each semester.	

It is agreed that **NPC** will verify the enrollment status of the student for the _____ semester and will notify **UAHT** of any change in enrollment status.

It is agreed that **NPC** will **NOT** pay the student Federal Pell Grant and/or campus-based funds or process a Federally Guaranteed Student Loan during the _____ term.

It is agreed that **UAHT** will monitor satisfactory academic progress and other requirements to be eligible to receive Title IV funds, will determine eligibility, package and disburse Title IV funds, and administer all applicable student financial aid refund and repayment policies.

It is agreed that _____ will be responsible to **NPC** for actual costs for the _____ term.

PLEASE COMPLETE THE FOLLOWING:

Enrollment dates for the Fall _____ term: _____

Enrollment dates for the Spring _____ term: _____

Enrollment dates for the Summer _____ term: _____

_____ is registered for _____ credit hours for the _____ semester at **NPC**.
Student's Name

PLEASE SIGN AND RETURN BY FAX TO 870-722-8145 OR EMAIL. THE UNIVERSITY OF ARKANSAS HOPE-TEXARKANA AUTHORIZED REPRESENTATIVE WILL SIGN AND RETURN ONE COPY TO YOU FOR YOUR RECORDS.

National Park College:

Name: _____

Title: _____

Phone: _____

Signature: _____

Date: _____

University of Arkansas Hope-Texarkana

Name: Marla Bush

Signature: _____

Title: Director of Financial Aid

Phone: 870/772-8265

Date: _____