



**Instructions:**  
**Exercise Science Financial Aid Consortium Agreement**  
**For courses taken at Normandale and/or Metro State**

This consortium agreement is to be used by students who will be getting their Bachelor's degree and financial aid from Southwest MN State University (SMSU) and who wish to take coursework at Normandale and/or Metro State and have those credits included as part of their semester credit load at SMSU.

In order for this Financial Aid Consortium Agreement to be processed by the SMSU Financial Aid Office you must:

1. Meet with Jeremy McNamara on the Normandale campus for academic advising to ensure that you will be registering for applicable courses. You can contact Jeremy at 952-358-8447 or [jeremy.mcnamara@normandale.edu](mailto:jeremy.mcnamara@normandale.edu).
2. Register for your courses at SMSU, Normandale and/or Metro State as advised.
3. Once you have registered for all Normandale and/or Metro State classes, complete Section A (Student Section) of this consortium agreement.
4. Give the Consortium Agreement to the NORMANDALE Financial Aid Office (9700 France Ave. S., Bloomington, MN 55431; Fax 952-358-9005; email: [financialaid@normandale.edu](mailto:financialaid@normandale.edu)) **Note:** Whenever possible, Jeremy may take care of this step for you during your advising appointment.

You will be notified by the SMSU Financial Aid Office when the consortium agreement is fully approved and processed. To ensure timely disbursements of financial aid, start the consortium process as soon as you can after registering for classes at all schools for the term.

You are responsible for adhering to the tuition/fee payment deadlines at the host institution(s). Approval of this consortium agreement DOES NOT relieve you of the obligation to pay your tuition/fees at Normandale or Metro State when required.

**Incomplete and/or illegible forms will not be processed and will be returned to you.**

**Have questions about this form? Contact the SMSU Financial Aid Office at 507-537-6281 or [financialaid@smsu.edu](mailto:financialaid@smsu.edu)**



# EXERCISE SCIENCE FINANCIAL AID CONSORTIUM AGREEMENT



(see reverse side for instructions)

**SECTION A -- STUDENT SECTION:  
PLEASE COMPLETE AND THEN GIVE TO THE NORMANDALE FINANCIAL AID OFFICE**

Student Name \_\_\_\_\_ STAR ID (required) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ SMSU email \_\_\_\_\_

Term/Session & Year for which you are requesting funding from SMSU \_\_\_\_\_

Name of Host School (circle one or both, if applicable)    Normandale Community College    Metropolitan State University

**SMSU is designated as my home school (the school where I will receive my degree) and I will receive financial aid from SMSU, only for the term specified on this consortium agreement.**

**I understand: I cannot receive financial aid from more than one school during the same term and need to obtain the approval of my academic adviser/counselor for the consortium course(s). The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at SMSU. I cannot change my enrollment without notifying the SMSU Financial Aid Office. **This application should be submitted and approved within the first 30 days of the semester. Documents turned in after this time may not be processed.****

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

**SECTION B – NORMANDALE FINANCIAL AID OFFICE**

This student is registered for course(s), and will incur expenses as listed on the attached registration schedule, with bill info, if currently available. The student will **NOT** receive financial aid at our institution.

Signature/Date \_\_\_\_\_

Billing information attached: Normandale Community College     Metropolitan State University

**SECTION C – SMSU REGISTRATION OFFICE**

I have reviewed the attached course schedule, along with any notations from the academic advisor, and determine that these courses will be accepted by SMSU as part of the student's degree objective.

Registration Office Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SMSU Financial Aid Office use only**

This Financial Aid Consortium Agreement is:    \_\_\_\_\_ Approved    \_\_\_\_\_ Not approved

Credits at Normandale \_\_\_\_\_ Credits at Metro State \_\_\_\_\_ Credits at SMSU \_\_\_\_\_ Total credits \_\_\_\_\_

Financial Aid Signature/Date \_\_\_\_\_