



Consortium Agreement

SMSU Financial Aid Office, 1501 State Street, Marshall, MN 56258
Telephone: 507-537-6281 or 1-800-642-0684 Fax: 507-537-6275

Sections A and B (including all attachments) must be completed before this consortium agreement is sent to SMSU.

Incomplete and/or illegible forms will be returned.

SECTION A - Student's Section – please complete, attach required documentation, sign and date. Then give all forms to the Financial Aid Office at your HOST school (not SMSU) to complete Section B.

Student Name _____ SMSU ID (required) _____ Host school ID _____

Address _____ City _____ State _____ Zip _____

Phone _____ SMSU email _____

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

Name of Host School _____

(Note: If, in addition to your SMSU courses, you will be taking classes at more than one "host" school during the term listed above you must complete a separate consortium agreement for each host school.)

I hereby request that for financial aid purposes, credits taken at SMSU and the host school listed above be used to determine my total enrollment status for the semester. I understand that only credits applicable to my degree objective at SMSU will be approved for funding. I also understand that to receive financial aid I must:

- **ATTACH** a copy of my course schedule from the host school
- provide SMSU with grade transcripts from the host school for the above listed course(s), when they are completed
- **pay tuition and fees at the host school by their due date**

Student's Signature

Date

SECTION B - Host School – Financial Aid Office

Term/Session & Year _____

This student is registered for the course(s) listed above and will NOT receive financial aid at our institution.

Institution Name _____

Tuition & Fees _____

Signature _____

of Credits _____

Position/Title _____

Date _____

SECTION C - SMSU Registration Office

Cohort Group: _____

I have reviewed the course(s) listed above and determine that they will be accepted by SMSU as part of the student's degree objective.

Registration Office Signature _____

Date _____

SECTION D - SMSU Financial Aid Office

Semester/Session & Year _____

This student is enrolled in a degree program at SMSU and will be paid financial aid for this semester/session based on enrollments at SMSU and the host institution named in Section B.

I have reviewed this agreement and am _____ granting approval _____ not granting approval

Reason for not granting approval _____

Total credits to be taken at SMSU _____ Total credits to be taken at host school _____

COMBINED TOTAL CREDITS FOR THE SEMESTER/SESSION _____

SMSU Financial Aid Signature _____

Date _____