



## Consortium Agreement for Undergraduate and Graduate Students

Name: \_\_\_\_\_ MSSU Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Host School Student ID #: \_\_\_\_\_

Consortium agreements enable students to take classes at more than one institution concurrently, for a semester, to combine enrollment to receive maximum financial aid eligibility. Students cannot receive federal financial aid at more than one school in any given semester.

### HOME INSTITUTION

Missouri Southern State University

Number of Hours Enrolled: \_\_\_\_\_

### HOST INSTITUTION

\_\_\_\_\_

Number of Hours Enrolled: \_\_\_\_\_

The student must contact the host institution to make payment arrangements while Financial Aid at the Home Institution is processing aid paid to their account. Please see MSSU's calendar for disbursement dates.

- I understand that I must be enrolled in at least six credit hours at MSSU (undergraduate students) or at least six combined credit hours (graduate students) for this consortium agreement to be considered.
- I understand that I am responsible for paying tuition and fees at the host institution. Failure to have all charges paid by the host institution's deadline may result in the cancellation of my courses.
- I understand that satisfactory academic progress will be evaluated in accordance with MSSU policy and will include evaluation of performance in the courses taken at the host institution.
- I authorize the host institution to release enrollment verification, grade reports, or any other information deemed necessary by MSSU to monitor my academic progress.
- This consortium agreement does not apply to institutional scholarships or awards.
- In order to apply for an in-school deferment, I must be attending one institution at least half-time and must apply for the deferment at that institution.
- Only courses which apply to my program of study are permitted to receive Financial Aid.
- I will request a copy of my transcript to be sent to my Home institution upon completion of my courses.

Your signature below certifies that you have read, understand, and agree to the student responsibilities listed on this form.

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



Missouri Southern State University

Office of Financial Aid

3950 E. Newman Road, Joplin MO 64801

109 Hearnes Hall

(417) 625-9325

Fax: (417) 659-4474

finaid@mssu.edu

**TO BE COMPLETED BY HOST**

Enrollment Period			Dates of Enrollment	
(Please check one) Fall ___ Spring ___ Summer ___			From _____ to _____	
Enrollment at Host Institution				
Course Number	Course Title		Semester Hours	Total Tuition and Fees

Is the student receiving any resources at your institution? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

I confirm that the student will not receive financial aid for the applicable period noted. I will inform the MSSU Financial Aid Office if the student withdraws or is dropped from classes so that a refund or repayment can be determined.

Host Institution Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Officer Name (Printed): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**TO BE COMPLETED BY HOME INSTITUTION**

Tuition and Fees: \_\_\_\_\_ Room and Board: \_\_\_\_\_

Home Institution Signature: \_\_\_\_\_ Date: \_\_\_\_\_