

## CONSORTIUM AGREEMENT

A consortium agreement enables you to receive financial aid while concurrently enrolled for courses at Montana State University in Bozeman (**home institution**) and another institution (**host institution**). This allows your eligibility for financial assistance to be based on the total credits being attempted at both institutions for the semester or term.

### Application Procedures:

1. Complete and sign the Student Information Section and Student Certification.
2. Have your Montana State University Academic Advisor sign the form stating your transfer credit hours will be acceptable to Montana State University.
3. Send or take this form to the Financial Aid Office at the Host Institution for completion of signatures.
4. Have Host Institution return this form to the Office of Financial Aid Services at Montana State University.

### Deadline:

Agreements must be received by the **15<sup>th</sup> day of classes** at Montana State University for the semester of the consortium agreement.

### Consortium Agreement Restrictions:

Both Montana State University and the host institution reserve the right not to participate in a consortium agreement for any reason.

Courses at the host institution must be semester based. Agreements for nonsemester based independent study courses will not be approved.

### Disbursement of Financial Aid:

Financial aid can be disbursed only after registration of credits is accurately determined but not earlier than the first day of classes for the semester or term at Montana State University. **It is your responsibility to arrange for payment of costs at the host institution, including tuition, fees, and books, until funds can be disbursed to you by Montana State University.** You must follow regular payment procedures at both institutions to insure that your fee bills are paid by the required deadline dates.

### Student Requirements:

- ◆ You must be concurrently enrolled at both the Home and Host institutions to be eligible for financial assistance.
- ◆ You must notify the Office of Financial Aid Services at Montana State University of any changes in your enrollment status at the host institution within 10 days. In the event of non-attendance or withdrawal from any or all classes, you will be responsible for repayment of financial aid received according to applicable federal and institutional regulations.
- ◆ **You must transfer credits taken at the host institution to Montana State University within 15 days after the end of the semester. You must send an official transcript to Office of the Registrar, 101 Montana Hall, Bozeman, MT 59717-2660. Financial aid for subsequent periods of enrollment will not be released until transfer of credits can be verified.**

### Satisfactory Progress:

All credits taken at the host institution will be used to determine your Satisfactory Academic Progress as a financial aid recipient at Montana State University. Please review the Satisfactory Academic Progress Requirement fact sheet available in the Office of Financial Aid Services or on our website at [www.montana.edu/wwwfa](http://www.montana.edu/wwwfa).

**I certify that I have read and understand the procedures and requirements of the consortium agreement. I agree to comply with these procedures, and understand that noncompliance will result in a loss of financial aid for the specified semester and all future semesters at Montana State University.**

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

## Consortium Agreement Montana State University

Student Name		MSU ID	
Student Address		City	State Zip
Semester and Year of Attendance	Date Semester Begins	Date Semester Ends	
Student Telephone Number	Student's Major/Program	Host Institution	
Number of credit hours to be taken at MSU		Number of credit hours to be taken at Host Institution	

The purpose of this consortium agreement is to enable enrolled students at Montana State University in Bozeman (MSU) to participate in financial aid programs while concurrently attending another institution (**host institution**) and Montana State University (**home institution**). Montana State University will be the home institution providing financial assistance.

### **Student Certification:**

**Please certify that you have read and understand the statements below by initialing the line beside each statement.**

- \_\_\_\_\_ I am enrolled in a degree program at Montana State University.
- \_\_\_\_\_ I have attached proof of my registration at the Host Institution.
- \_\_\_\_\_ I understand that I will receive financial aid from Montana State University and all financial aid records for this period will be maintained at the Office Of Financial Aid Services at Montana State University.
- \_\_\_\_\_ I will notify the Office of Financial Aid Services at Montana State University within 10 days of any changes in enrollment status at either institution.
- \_\_\_\_\_ I will transfer credits taken at Host Institution to Montana State University within 15 days after the date the semester ends.
- \_\_\_\_\_ I will be responsible for repayment of financial aid received based on this consortium agreement if credits are not transferred. I understand that I will not be eligible to receive financial aid for future periods of enrollment at Montana State University until repayment has been made.

**In addition, I authorize the host institution to release enrollment, financial, and academic information to the Montana State University Office of Financial Aid Services.**

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

### **TO BE COMPLETED BY ACADEMIC ADVISOR AT MONTANA STATE UNIVERSITY**

Course Prefix Number	Anticipated Courses at <b>Host Institution</b> (List courses titles below)	Credit Hours

I have reviewed the course of study and the above courses will be acceptable for transfer and will count toward the student's degree requirements at Montana State University (major, minor, or required electives).

<b>Academic Advisor's Signature</b>	Printed Name	College/Department	Office Phone	Date
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### **TO BE COMPLETED/SIGNED BY THE HOST INSTITUTION'S FINANCIAL AID OFFICE**

The above named student is registered at my institution for \_\_\_\_\_ Semester. As the Host Institution, we will not provide financial assistance to this student. We agree to share information about the student's enrollment as requested by the Office of Financial Aid Services at MSU.

<b>Financial Aid Director Signature</b>	Print Name	Office Phone	Fax Number
College/University	College Address	Date	