

**MISSOURI STATE UNIVERSITY™**  
**Office of Student Financial Aid**  
901 S. National Avenue, Springfield, MO 65897  
417 836-5262 800-283-4243 Fax 417-836-8392

**STANDARD CONSORTIUM AGREEMENT POLICY**  
***PELL, ACG, SMART ONLY***

Pell Grant recipients that are less than fulltime at MSU and dually enrolled with another accredited institution (host) are eligible for a standard consortium agreement. The consortium will allow the combined enrollment to be used in determining federal Pell, ACG, and SMART grant eligibility. Other financial aid funds do not qualify for a consortium agreement and eligibility will be based on MSU enrollment only. Financial aid can only be provided by one school for a semester.

The MSU policy is as follows:

- student must be admitted at MSU a degree seeking
- student must be at least half time at MSU to be eligible for loans, SEOG and Work-study (6 hours fall/spring, 3 hours summer)
- student must be at least half time at MSU and fulltime for the combined enrollment to retain eligibility for the ACG and SMART grants
- host classes must be required for the student's degree program and eligible for credit transfer to MSU ([www.MissouriState.edu/admissions](http://www.MissouriState.edu/admissions))
  - signature of academic advisor or department head is required to certify that host hours are required and eligible for credit transfer
- consortium request must be filed, including academic advisor signature, with MSU Office of Student Financial Aid by the deadline each semester of dual enrollment

**Fall/spring deadline: Friday of 1<sup>st</sup> week of classes**

**Summer deadline: Tuesday of 1<sup>st</sup> week of classes**

- student must request an academic transcript be sent to MSU Admissions Office upon completion of the semester
- student must notify MSU Office of Student Financial Aid of enrollment changes
- student is responsible for paying all tuition and fees at the host institution prior to their deadline to prevent cancellation

Satisfactory academic progress will be evaluated in accordance with MSU policy and will include evaluation of performance in the courses taken at the host school.



**Please retain this policy statement for your personal file. Submit the completed consortium request form to the MSU Office of Student Financial Aid. The host school will be contacted for verification of enrollment.**

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<b>STANDARD CONSORTIUM AGREEMENT REQUEST</b> <i>(PELL, ACG, SMART Only)</i>
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\_\_\_\_\_  
 Student Name (*print*)

\_\_\_\_\_  
 Student SSN

Please consider me for a consortium agreement for the \_\_\_\_\_ **semester**.

I am enrolled at the host school shown below and the classes have been evaluated and approved by my academic advisor as required for my MSU degree program.

**Host School:** \_\_\_\_\_

Host address (if not local): \_\_\_\_\_

I am enrolled for \_\_\_\_\_ hours at **MSU** and \_\_\_\_\_ hours at the **Host school**.

HOST COURSE CODE	HOURS	MISSOURI STATE EQUIVALENT ( <a href="http://www.Missouri State.edu/admissions">www.Missouri State.edu/admissions</a> )	HOURS

- I authorize the host school to release enrollment verification and any completion information deemed necessary by MSU to monitor my academic progress.
- I will not be receiving financial aid from the host school for this semester.

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

<b>ACADEMIC ADVISOR CERTIFICATION</b>
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**I certify that the class(es) shown above have been evaluated and are required for this student's MSU degree program.**

\_\_\_\_\_  
 Academic Advisor/Dept. (*print*)

\_\_\_\_\_  
 Academic Advisor (*signature*)

\_\_\_\_\_  
 Date