

**MISSOURI STATE UNIVERSITY™**  
**Office of Student Financial Aid**  
 901 S. National Avenue Springfield, MO 65897  
 417-836-5262 1-800-283-4243 Fax 417-836-8392

**VISITING STUDENT CONSORTIUM REQUEST**

**A. TO BE COMPLETED BY STUDENT.**

Student name: \_\_\_\_\_ SSN: \_\_\_\_\_

Host school name/address: \_\_\_\_\_

Please consider me for a special consortium agreement for the \_\_\_\_\_ semester. I will be completing required classes as a visiting student and will transfer them to my MSU degree program. I will be not be enrolled at MSU this semester but qualify for financial aid for the reason checked below:

- MU Geology Camp     
  Graduating Senior – Last semester elsewhere     
  Other (explanation attached)

I authorize the host school to release enrollment, cost and completion information to MSU.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. TO BE COMPLETED BY HOST STUDENT FINANCIAL AID OFFICE.**

**Host Enrollment and Cost**

COURSE CODE	HOURS	COST
		\$ _____

MSU will include the above hours and cost in our calculation of eligibility for Title IV financial aid.

The Host school agrees to:

- provide NO financial assistance to the student during this semester
- notify MSU Financial Aid if the student drops hours or withdraws prior to the end of the semester

MSU Student Financial Aid Office:

**CAROLYN PRICE**  
 \_\_\_\_\_  
*Print or Type Name*  
**Financial Aid Technician**  
 \_\_\_\_\_  
*Title*  
 \_\_\_\_\_  
*Signature*  
 \_\_\_\_\_  
*Date*

Host Student Financial Aid Office:

\_\_\_\_\_

*Print or Type Name*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*