

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, TEACH ONLY*

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

The MSU policy is as follows:

- student must be admitted at MSU as 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)
- host classes must be required for the student's degree program and eligible for credit transfer to MSU (www.MissouriState.edu/admissions)
- 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 1st week of classes

Summer deadline: Tuesday of 1st 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.

RETAIN THIS POLICY STATEMENT FOR YOUR PERSONAL FILE

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**STANDARD CONSORTIUM AGREEMENT REQUEST
(PELL, ACG, SMART, TEACH Only)**

Student Name (*print*) _____

Student ID Number _____

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 (www.Missouri State.edu/admissions)	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:** _____

ACADEMIC ADVISOR CERTIFICATION

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 _____