


Phone: (417) 836-5262  
 Fax: (417) 836-8392  
 FinancialAid@MissouriState.edu  
 [@MSU\\_FinAid](https://twitter.com/MSU_FinAid)



OFFICE of  
 STUDENT  
 FINANCIAL AID

Office of Student Financial Aid  
 901 S. National Ave.  
 Springfield, MO 65897  
[www.MissouriState.edu/FinancialAid](http://www.MissouriState.edu/FinancialAid)

**2023-2024 Consortium Agreement**

**DEADLINE: By end of Friday of the first week of MSU classes**

\_\_\_\_\_  
 Student's Name (Last) (First) M BearPass # Student's Date of Birth

Requesting Consortium for : (Check one)  Fall 2022  Spring 2023  Summer 2023

**Student Information**

- Standard Consortium  Geology Trip  Clinical Lab Sciences (Mercy Hospital St. Louis)
- MSU Cooperative Degree Program (specify) \_\_\_\_\_
- MSU West Plains Degree Completion Program (specify) \_\_\_\_\_
- MSU Radiation or Medical Technology (Check one option below)
  - Cox Start Date: \_\_\_\_\_
  - Mercy Graduation Date: \_\_\_\_\_

\_\_\_\_\_  
 MSU Degree & Major/Program

\_\_\_\_\_  
 HOST Institution Student ID # (Host Institution)

\_\_\_\_\_  
 HOST Institution Address (Street, City, State, Zip) Phone number

**By signing below, I acknowledge that I have read and understand the Consortium Agreement Policy and the Consortium Descriptions page, and certify that all information submitted is accurate to the best of my knowledge. I authorize the HOST institution to release final grades and changes in enrollment to MSU's Student Financial Aid Office. I understand that submitting this form does not guarantee that my request will be granted, and I have been made aware of the charges billed to me by MSU and the host institution.**


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

**Below host course information is to be completed by the student's academic advisor**

For the term specified, Student will be enrolled in \_\_\_\_\_ hours at MSU and \_\_\_\_\_ hours at the Host school.

START DATE	HOST COURSE CODE/NUMBER	FULL TERM or PARTIAL	HOURS	MISSOURI STATE EQUIVALENT (www.Missouri State.edu/admissions)	HOURS

This student has been given permission to enroll in the above courses, which have been evaluated for transfer and are required for this student's MSU degree program. (Required if you selected "Standard Consortium" above)

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\_\_\_\_\_ M \_\_\_\_\_ XXX-XX-  
*Student's Name (Print)* *BearPass # (MSU)* *Student ID # (Host Institution)* *Last four of SSN*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*MSU Academic Advisor Name/Dept. (Print)* *MSU Academic Advisor (Signature)* *Date*

This student is enrolled in the **Host** courses shown above and is not degree-seeking at the host institution. *(Required if you selected any agreement other than "Standard" above)*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Cooperative Program Coordinator (Print)* *Program Coordinator (Signature)* *Date*

**Below is to be completed by the host financial aid office)**

Total cost to be billed by Host insitution, tuition & fees: \$ \_\_\_\_\_

TUITION REIMBURSEMENT	\$	
FEE WAIVER	\$	
SCHOLARSHIP (NAMES & AMOUNTS)	\$	\$
OTHER	\$	\$
<b>TOTAL ASSISTANCE RECEIVED</b>	\$	

The HOST institution listed above will not administer financial aid to the student during the enrollment period specified. The HOST financial aid office will report final grades to MSU and notify them of any enrollment changes within 14 days of the change.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Host Financial Aid Officer (Print)* *Host Financial Aid Officer (Signature)* *Date*

**MSU OSFA Use Only**

Approved  Denied

Notes:

\_\_\_\_\_ *MSU Financial Aid Officer*

Date \_\_\_\_\_