


Phone: (417) 836-5262
 Fax: (417) 836-8392
FinancialAid@MissouriState.edu
 @MSU_FinAid



OFFICE of
 STUDENT
 FINANCIAL AID

Office of Student Financial Aid
 901 S. National Ave.
 Springfield, MO 65897
www.MissouriState.edu/FinancialAid

2021-2022 Consortium Agreement

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

A. Student Information

Fall 2021 Spring 2022 Summer 2022

 MSU Degree & Major/Program

 HOST institution Academic Department Student ID # (Host Institution)

 HOST Institution Address (Street, City, State, Zip)

B. Program Information

Step 1: For the term specified, I will be enrolled in _____ hours at **MSU** and _____ hours at the **Host** school.

Step 2: Select your program

- | | |
|---|--------------------------------|
| <u>Cooperative Consortiums</u> | <u>Other Consortiums</u> |
| <input type="checkbox"/> MAT (MSSU) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Geology Trip | |
| <input type="checkbox"/> MSU Cooperative Degree | |
| <input type="checkbox"/> Clinical Lab Sciences (Mercy Hospital St. Louis) | |
| <input type="checkbox"/> MSU Radiation or Medical Technology | |
| <input type="checkbox"/> Cox <input type="checkbox"/> Mercy | |
| Start Date: _____. | |
| Graduation Date: _____. | |
| <input type="checkbox"/> MSU West Plains Degree Completion Program | |


Step 3: Please list all courses which you plan to take at the host institution

| HOST COURSE CODE/NUMBER | Hours | MISSOURI STATE EQUIVALENT (www.MissouriState.edu/admissions) | Hours |
|-------------------------|-------|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Step 4

Gross cost to be billed by host institution \$ _____

Total assistance received from host institution (tuition reimbursement, fee waiver, etc.) \$ _____

Phone: (417) 836-5262
Fax: (417) 836-8392
FinancialAid@MissouriState.edu
 @MSU_FinAid



OFFICE of
STUDENT
FINANCIAL AID

Office of Student Financial Aid
901 S. National Ave.
Springfield, MO 65897
www.MissouriState.edu/FinancialAid

2021-2022 Consortium Agreement

Student Name (Print)

M _____
Bear Pass # (MSU)

Student ID # (Host Institution)

XXX – XX –
Last four of SSN

C. This section must be completed by ALL students before sending to MSU - Signatures

(Required only if you selected "Other Consortium" above)

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.

MSU Academic Advisor Name/Dept. (print)

MSU Academic Advisor (signature)

Date

(Required only if you selected a cooperative consortium above)

This student is enrolled in the host courses shown above and is not degree-seeking at the host institution.

HOST Cooperative Program Coordinator (print)

Program Coordinator (signature)

Date

(Required for all students)

The HOST institution listed above will not administer financial aid to the aforementioned 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

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 and true 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

For OSFA Use Only

Approved Denied

Notes: _____

MSU Financial Aid Officer

Date