


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

2022-2023 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

MSU Degree & Major/Program _____

HOST Institution _____

Student ID # (Host Institution) _____

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

Phone number _____

For the term specified above, I will be enrolled in _____ hours at MSU and _____ hours at the Host school.

Program Information (Check One)

- Standard Consortium Not Listed Elsewhere 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: _____


Enrollment Information

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

Finances

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

TUITION REIMBURSEMENT	\$ _____		
FEE WAIVER	\$ _____		
SCHOLARSHIP (NAMES & AMOUNTS)	1) \$ _____	2) \$ _____	
OTHER	1) \$ _____	2) \$ _____	
TOTAL ASSISTANCE RECEIVED	\$ _____		

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

Must be completed by all students before submitting form to MSU's financial aid department

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)*

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

Required for all students

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

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

MSU OSFA Use Only

Approved Denied

Notes:

MSU Financial Aid Officer

Date