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 @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**

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

**A. Student Information**

Fall 2023  Spring 2024  Summer 2024

\_\_\_\_\_  
 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 ( <a href="http://www.MissouriState.edu/admissions">www.MissouriState.edu/admissions</a> )	Hours

**Step 4**

Gross cost to be billed by host institution \$ \_\_\_\_\_

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

