


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

2026-2027 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 2026 Spring 2027 Summer 2027

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)
 - OTC 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 Description 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 _____
Student's Name (Print) *BearPass # (MSU)* *Student ID # (Host Institution)*

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	\$		\$
TOTAL ASSISTANCE RECEIVED	\$		

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 _____