



## MU CONSORTIUM AGREEMENT

### *Fall 2017 Deadline Dates*

**August 25, 2017** (16 week courses or first eight weeks)

**October 17, 2017** (Second eight week courses ONLY)

### *Spring 2018 Deadline Dates*

**January 19, 2018** (16 week courses or first eight weeks)  
**March 12, 2018** (Second eight week courses ONLY)

### **Instructions to MU Students:**

You must be in good academic standing at MU and have no holds on your student account by the MU Cashiers Office or the MU Registrar at the time of enrollment. You must also be enrolled in at least 6 credit hours of courses at MU for the semester. Exceptions will be considered on a case-by-case basis. Your courses at the Host Institution must be required for your degree program and must be approved by your MU academic dean or department chair prior to enrollment.

You may attend another institution as a visiting student for a maximum of two semesters. *This agreement is for only one semester of enrollment.*

Please ensure that the Consortium Agreement, the Financial Aid Agreement, and the Agreement by Host Institution documents are completed and submitted to the MU Financial Aid Office by the deadline dates for the fall 2017 or spring 2018 semester. **Late or incomplete documents will not be accepted.**

Your financial aid will first be applied to your balance at MU. It is your responsibility to use any remaining financial aid funds and/or your own financial resources to pay your Host Institution charges. If you change courses or withdraw from the Host Institution, you must notify the MU Financial Aid Office immediately. The MU Financial Aid Office is not responsible for charges owed to another institution.

### **Instructions to MU Officials:**

By signing the Consortium Agreement, the academic dean, department chair, or academic adviser certifies that the student is in good academic standing for the fall 2017 or spring 2018 semester, has permission to enroll in courses at the Host Institution, and that said courses are required for the student's degree.

The MU Registrar's Office will report the student's enrollment to the National Student Loan Data System (NSLDS).

The MU Registrar's Office will maintain Title IV recordkeeping and reporting requirements.

### **Guide to Completing your Consortium Agreement**

See page 5.



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March 12, 2018 (Second eight week courses ONLY)

**NO CONSORTIUM AGREEMENTS WILL BE ACCEPTED AFTER THESE DATES.**

**THIS FORM CANNOT BE USED FOR DUAL ENROLLMENT AT A FOREIGN SCHOOL.**

Student Name MU Student Number Social Security Number

Permanent Mailing Address City State Zip Phone

Mailing Address City State Zip Phone

Name of Host Institution (College or University you will be attending or taking additional classes.)

Address and fax number of Host Institution

#### CERTIFICATION BY UNIVERSITY OF MISSOURI

The above named student has permission to take the following courses, which are required as part of his/her academic program at MU during the enrollment period indicated below and to transfer them to MU upon completion.

Catalog Number	Class Number	Course Title	Semester Credit Hours	MU Equivalent

**\*ELPA STUDENTS ONLY:** Please indicate applicable Section (1 or 2)

Section 1      Section 2

Academic Career

Term (Fall 2017 or Spring 2018)

Signature: Admissions Office

Signature: Academic Unit Signature/Stamp

Student Probation Status/Academic Unit

NAME: (print or type)

NAME: (print or type)

DATE

DATE



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In order to receive Federal student aid as a visiting student for the Fall 2017 or Spring 2018 semester, I understand the following:

- That a processed 2017-2018 Free Application for Federal Student Aid (FAFSA) must be on file at MU. If I have not filed a FAFSA or my information is not on file at MU, I understand processing of my financial aid may take four to eight weeks to complete.
- **That all requested documentation must be submitted.** Refer to your myZou Student Center “To Do List” for a list of requested documentation. This includes verification documents and student loan promissory notes.
- I must be enrolled in **at least 6 credit hours of MU courses for the semester** in addition to the credit hours taken at the Host Institution to receive Federal Student Aid. I also understand that I cannot have any holds by the MU Cashiers Office or the MU Registrar at the time of submission of the Consortium Agreement to the MU Financial Aid Office.
- That the Consortium Agreement must be completed and signed by all parties by deadlines listed for the appropriate semester. Consortium Agreements received after these dates **will not be accepted**.
- That only Federal student aid will be awarded to me under this agreement for courses taken at the Host Institution. My institutional MU grant and scholarship awards will be based on the number of credit hours taken at MU for the semester. My Federal Pell Grant award will be determined based on my enrollment as deadline dates for the appropriate semester.
- **That I must immediately inform the MU Financial Aid Office of any change to my fall 2017 and/or spring 2018 semester enrollment at MU or at the Host Institution (course withdrawals or program cancellation).**
- **I UNDERSTAND FAILURE TO NOTIFY THE MU FINANCIAL AID OFFICE OF ANY CHANGE TO MY ENROLLMENT FOR THE TERM UNDER WHICH THIS AGREEMENT APPLIES AT MU OR AT THE HOST INSTITUTION MAY RESULT IN DENIAL OF FUTURE CONSORTIUM AGREEMENTS.**

**I agree to provide the University of Missouri, Office of the Registrar with my transcript for the term under which this agreement applies. I UNDERSTAND THAT FAILURE TO PROVIDE MY TRANSCRIPT TO THE OFFICE OF THE REGISTRAR MAY RESULT IN ADJUSTMENTS TO MY FINANCIAL AID AND CHARGES MAY BE ADDED TO MY ACCOUNT.**

- That completion of this consortium agreement does not guarantee enrollment at the Host Institution. I understand that my financial aid will first be credited to my MU Cashiers Office account and it is my responsibility to enroll and make payment in full to the Host Institution from any remaining funds after my account balance with MU has been satisfied. I also understand that I am responsible for any charges incurred at the Host Institution.

**By signing below I have read and understand my responsibilities under this Consortium Agreement:**

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Student Signature & MU ID

Print name

Date



# Student Financial Aid

University of Missouri

11 Jesse Hall  
Columbia, MO 65211-1600  
PHONE (573) 882-7506  
FAX (573) 884-5335  
EMAIL: [mufinaidverification@missouri.edu](mailto:mufinaidverification@missouri.edu)



MizzouSFA

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March 12, 2018 (Second eight week courses ONLY)

Student Name: \_\_\_\_\_

MU ID Number: \_\_\_\_\_

## **INSTRUCTIONS TO THE HOST INSTITUTION:**

Please provide the exact dates of enrollment for the semester in which the student plans to be a visiting student. By signing this form, you certify the student is enrolled as a visiting student at your institution and that no financial aid will be processed for the student.

By signature of an authorized representative of the Institution listed below, do hereby agree that the University of Missouri-Columbia will administer all financial aid for the student during his/her period of enrollment at the Host Institution. It is further agreed the Host institution will not process any financial aid for the student. **The Host Institution also agrees to notify the MU Student Financial Aid Office in the event of any change in the student's enrollment status.** This agreement can be cancelled upon written notification by either the Host Institution or the University of Missouri- Columbia.

We agree to the terms stated above. This student has been admitted at this institution as a visiting student for the courses listed on the Consortium Agreement.

Student's period of enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

The student is enrolled in \_\_\_\_ credit hours for (please circle all that apply):

**16-week semester**

**1<sup>st</sup> 8-week term**

**2<sup>nd</sup> 8-week term**

\_\_\_\_\_  
SIGNATURE: Host Institution Representative

\_\_\_\_\_  
NAME (print or type)

\_\_\_\_\_  
NAME OF HOST INSTITUTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Financial Aid Office Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address



**Guide to Completing Your Consortium Agreement**  
*For information purposes only*

It is your responsibility to ensure the consortium agreement is completed by all parties (the home institution, the host institution, and the student) by deadline for the term. Please refer to the “Instructions to Students” section on page one of the consortium agreement itself for more information. **Late or incomplete agreements will NOT be accepted.** Here are some key terms that may be helpful to understand:

**Home Institution:** The school granting your degree, certificate, or other recognizing credential (MU).

**Host Institution:** The school where the student takes part of academic program requirements while “visiting” under consortium agreement.

**Steps for completing the agreement:**

**First**

Meet with your academic unit/adviser. Your academic unit/adviser will need to complete the Certification by the University of Missouri section on page 2 of the agreement as well as sign the agreement ensuring the course you wish to take at the host institution meets the requirements of the consortium agreement and approving you to take the course at the host institution.

**CERTIFICATION BY UNIVERSITY OF MISSOURI**

The above named student has permission to take the following courses, which are required as part of his/her academic program at MU during the enrollment period indicated below and to transfer them to MU upon completion.

Catalog Number	Class Number	Course Title	Semester Credit Hours	MU Equivalent

**\*ELPA Students Only:** Please indicate applicable Section (1 or 2)  
 Section 1     Section 2

Academic Career \_\_\_\_\_ Term (Fall 2015 or Spring 2016) \_\_\_\_\_

Signature: Admissions Office \_\_\_\_\_ Signature: Academic Unit Signature/Stamp \_\_\_\_\_ Student Probation Status/Academic Unit \_\_\_\_\_

NAME: (print or type) \_\_\_\_\_ NAME: (print or type) \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE STUDENT TO OBTAIN ALL REQUIRED SIGNATURES. THE MU STUDENT FINANCIAL AID OFFICE WILL NOT ACCEPT INCOMPLETE CONSORTIUM AGREEMENTS.**



**Second**

Visit the Office of Admissions located at 230 Jesse Hall. The Office of Admissions will sign their portion of the consortium agreement, also located on page 2.

**CERTIFICATION BY UNIVERSITY OF MISSOURI**

The above named student has permission to take the following courses, which are required as part of his/her academic program at MU during the enrollment period indicated below and to transfer them to MU upon completion.

Catalog Number	Class Number	Course Title	Semester Credit Hours	MU Equivalent

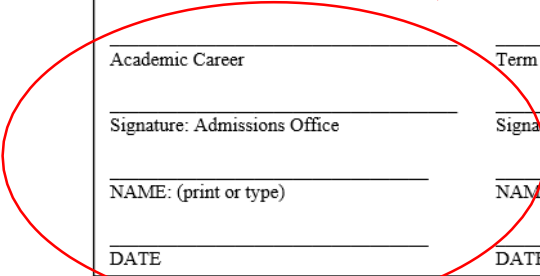
**\*ELPA Students Only:** Please indicate applicable Section (1 or 2)  
 Section 1     Section 2

Academic Career \_\_\_\_\_ Term (Fall 2015 or Spring 2016) \_\_\_\_\_

Signature: Admissions Office \_\_\_\_\_ Signature: Academic Unit Signature/Stamp \_\_\_\_\_ Student Probation Status/Academic Unit \_\_\_\_\_

NAME: (print or type) \_\_\_\_\_ NAME: (print or type) \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_



**IT IS THE RESPONSIBILITY OF THE STUDENT TO OBTAIN ALL REQUIRED SIGNATURES. THE MU STUDENT FINANCIAL AID OFFICE WILL NOT ACCEPT INCOMPLETE CONSORTIUM AGREEMENTS.**

**Third**

You complete your portion of the consortium agreement:

**By signing below I have read and understand my responsibilities under this Consortium Agreement:**

Student Signature & MU ID	Print name	Date
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**NOTE:** In many cases, the student will leave the agreement at the financial aid office of the host institution. The host institution will then sign their portion of the agreement and send it to the Office of Student Financial Aid at MU. If the agreement is not completed by MU and/or the student, it is not accepted as complete agreement and deadlines still apply. Exceptions will NOT be made so it is very important that you make sure that the agreement has been completed by all parties except the host institution BEFORE you leave it with the host institution.



# Student Financial Aid

University of Missouri

11 Jesse Hall  
Columbia, MO 65211-1600  
PHONE (573) 882-7506  
FAX (573) 884-5335  
EMAIL: [mufinaidverification@missouri.edu](mailto:mufinaidverification@missouri.edu)



MizzouSFA

## **Fourth**

Student takes the agreement (COMPLETED BY BOTH THE HOME INSTITUTION AND YOU) to the financial aid office at the host institution for them to complete and sign:

We agree to the terms stated above. This student has been admitted at this institution as a visiting student for the courses listed on the Consortium Agreement.

Student's period of enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

The student is enrolled in \_\_\_\_ credit hours for (please circle all that apply):

**16-week semester**                      **1<sup>st</sup> 8-week term**                      **2<sup>nd</sup> 8-week term**

\_\_\_\_\_  
SIGNATURE: Host Institution Representative

\_\_\_\_\_  
NAME (print or type)

\_\_\_\_\_  
NAME OF HOST INSTITUTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Financial Aid Office Address                      City                      State                      Zip                      Phone

**NOTE:** Not all financial aid offices process consortium agreements the same way. Each office is subject to their own policies and procedures. Some offices may complete the agreement and send it with you. Others may keep the agreement and process it at a later time. For this reason you should always ensure that the agreement has been completed by both your home school and yourself before you leave it to be completed.

## **Fifth**

If you take the agreement with you once it has been completed by the host institution, the final step is to submit the completed agreement to the Office of Student Financial Aid located at 11 Jesse Hall, faxing it to (573) 884-5335, or emailing it to [MizzouSFA@missouri.edu](mailto:MizzouSFA@missouri.edu).

**NOTE:** If you have any questions regarding the agreement or how to complete it, please contact us at (573) 882-7506 or email your assigned financial aid adviser. You may find your adviser on our website, [financialaid.missouri.edu](http://financialaid.missouri.edu), click on "find your adviser" and the