

**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 record-keeping and reporting requirements.

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**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 Admissions with my transcript for the term under which this agreement applies. I UNDERSTAND THAT FAILURE TO PROVIDE MY TRANSCRIPT TO THE OFFICE OF ADMISSIONS 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

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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**

**1st 8-week term**

**2nd 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

**MU CONSORTIUM AGREEMENT CHECKLIST**

I am enrolled in at least 6 credit hours for the term.

I am degree seeking at Mizzou.

I have met with my academic adviser who has signed the home portion of the agreement confirming the course(s) will count towards my degree completion.

I have had the home portion of my agreement signed by the Office of Admissions confirming the hours at the host institution will transfer into Mizzou.

I have read and understand and agree to my portion of the agreement and have acknowledged this by signing my portion of the agreement.

I have met with the financial aid office at the host institution I will be attending under this agreement and had the host portion of my agreement completed and signed by their office.

I am aware of the deadlines for submitting a consortium agreement to the University of Missouri, Office of Student Financial Aid and have submitted a complete agreement by the appropriate deadline.