



## 2021-2022 Consortium Agreement

A *Consortium Agreement* is a contract between two institutions of higher education for the purpose of financial aid administration for a specific student and academic period. It acknowledges the registration of the student at each institution and certifies that only one of the two institutions will administer Title IV financial aid for the student. The student must also agree to the terms of the contract.

A *Host Institution* is an institution that you temporarily are enrolling at to take courses, credits for these courses are then transferred back to the University of Missouri.

### Student Checklist:

Complete Section I of the agreement

Meet with your Academic Advisor to complete section II of the form. Please ensure that you are meeting the following requirements:

- You are enrolled at the University of Missouri as a degree seeking student during the time of the consortium agreement
- You are not/will not be completing the first or last required semester of coursework for your degree at Mizzou while on the consortium agreement

Have the host (not University of Missouri) institution Financial Aid Office complete section III of the form. Sections I and II should be completed prior to the host institution completion of section III.

Form must be submitted by the first day of courses. **Partial or incomplete agreements will not be processed.**

Check with the host school about billing dates and fees that you may be charged. Be aware that aid will disburse based on the University of Missouri calendar.

After completing the Consortium Agreement term, you must request an official transcript to be sent to the University of Missouri.

### Financial Aid Eligibility:

Your aid eligibility during the consortium agreement term is determined by your enrollment (credit hours taken at the host institution and hours taken at the University of Missouri), aid eligibility can be affected by the hours enrolled at each school.



# Student Financial Aid

University of Missouri

## 2021-2022 Consortium Agreement

Consortium Agreement Between

University of Missouri

and

\_\_\_\_\_

(Home Institution)

( Host Institution Name)

### Section I:

Name: \_\_\_\_\_ MU Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consortium Agreement Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Do you plan to register at Mizzou during the consortium agreement term? Yes No

If "Yes", how many hours do you plan to enroll in? \_\_\_\_\_

### Student Certification:

I agree to complete all parts of the form and have it submitted to the Financial Aid office by the deadline:

**Fall 2021: August 23, 2021 (16-week courses or first 8- weeks), October 18<sup>th</sup>, 2021 (second 8- weeks)**

**Spring 2021: January 18, 2022(16-week courses or first 8- weeks), March 15<sup>th</sup>, 2022 (second 8- weeks)**

**I agree to notify both institutions if I drop or withdraw from any or all of my courses. I understand that my financial aid is based on enrollment which will be monitored and verified throughout the term**

I understand that I will not be eligible for financial aid for any courses not approved by my academic advisor

I understand that I need to be half time enrolled at Mizzou in order for my form to be processed

I agree to request and ensure that an official transcript from my host school is provided to the University of Missouri within 30 days after the enrollment period ends.

I have read the above student Certification and understand my rights and responsibility under this Consortium Agreement

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Student Financial Aid

University of Missouri

## 2021-2022 Consortium Agreement

### Section II:

To be completed by student and Academic Advisor or another collegiate representative:

\_\_\_\_\_ (student name) intends to enroll in courses at \_\_\_\_\_ (host institution).

These courses are the academic equivalent to the University of Missouri courses listed. (Please list additional courses on a separate sheet, if necessary.)

Course: \_\_\_\_\_ University of Missouri Equivalent: \_\_\_\_\_

Course: \_\_\_\_\_ University of Missouri Equivalent: \_\_\_\_\_

Course: \_\_\_\_\_ University of Missouri Equivalent: \_\_\_\_\_

Course: \_\_\_\_\_ University of Missouri Equivalent: \_\_\_\_\_

Course: \_\_\_\_\_ University of Missouri Equivalent: \_\_\_\_\_

Course: \_\_\_\_\_ University of Missouri Equivalent: \_\_\_\_\_

My signature below confirms that the courses taken at \_\_\_\_\_ (host institution) will be accepted as partially fulfilling the requirements of \_\_\_\_\_ (students name) degree program at the University of Missouri.

\_\_\_\_\_  
Advisor/Collegiate Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Advisor/ Collegiate Representative Printed Name

\_\_\_\_\_  
Phone Number

## 2021-2022 Consortium Agreement

### Section III:

Students Name: \_\_\_\_\_ Host Institution Student ID: \_\_\_\_\_

Enrollment Dates at Host School: \_\_\_\_\_ to \_\_\_\_\_

Please list below the courses the student is taking at the host institution and the number of credit hours for each course they will be enrolled in. (Please list any additional course on a separate sheet if needed). Please only list the courses in Section II that have been endorsed by the student's University of Missouri Academic Advisor. Financial aid will only pay for courses certified as fulfilling the student's degree requirements at the University of Missouri.

Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

### As a representative of the host institution, you agree to:

- Confirm that the student is a visiting student at your institution, taking courses that meet the Title IV and State Financial Aid requirements
- Not award any federal, state, institutional or private aid during the time the student is enrolled at your institution
- As the home institution, the University of Missouri will report the student's enrollment for the time under the consortium agreement
- Notify the University of Missouri immediately and supply the effective date(s) if the student withdraws or drop any hours reported in this agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clearly Printed Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_