

Student Name: \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
(8 digits)



Student Financial Aid  
University of Missouri

## 2026-2027 Consortium Agreement

Fall 2026 Priority Deadlines	Spring 2027 Priority Deadline Dates
August 24, 2026 (16-week courses or first eight weeks)	January 18, 2027 (16-week courses or first eight weeks)
October 19, 2026 (Second 8-week courses ONLY)	March 16, 2027 (Second 8-week courses ONLY)

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.

For the purposes of this Consortium Agreement, the **home institution** is the University of Missouri (MU) and the **host institution** is the institution in which you are temporarily enrolling at to take courses.

This form must be completed by all parties and returned to the MU Student Financial Aid Office. To avoid a delay in receiving your financial aid, please submit by the priority deadline date as outlined above. Sections A, B, and C are required to be fully completed before the Financial Aid Office can process this request. The student is solely responsible for returning a completed form to the MU Student Financial Aid Office.

After completion of the specified term listed below, the student must request and ensure an official transcript be sent to MU.

Students may only participate in a Consortium Agreement with a host institution for a maximum of two terms/semesters throughout their time at MU.

### Section A: Certification of Agreement by the Home Institution (MU) Academic Unit

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Semester/Term of Enrollment (Fall or Spring): \_\_\_\_\_ Number of Credit Hours Enrolled at MU: \_\_\_\_\_

Full Name of Host Institution: \_\_\_\_\_

Courses to be Taken at the Host Institution:

Course Number & Section	Course Title	UM Equivalent Course	Credit Hours

#### Academic Unit Certification

- I certify that the student named above is in good academic standing and is currently enrolled at least half-time at MU.
- I certify that the student has our permission to take the above courses which are required as part of the student's degree program and will be accepted upon transfer to MU.

(Signature – Academic Unit: ☐ Advisor ☐ Dean ☐ Department Chair)

(Printed Name)

(Date)

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

Student ID #: \_\_\_\_\_  
(8 digits)



Student Financial Aid  
University of Missouri

## Section B: Certification of Agreement by the Host Institution

Full Name of Host Institution: \_\_\_\_\_

Host Institution Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

Enrollment Status: \_\_\_\_\_ Semester/Term of Enrollment (Fall or Spring): \_\_\_\_\_

Enrollment Period Begin Date: \_\_\_\_\_ Enrollment Period End Date: \_\_\_\_\_ Credit Hours Enrolled: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

### Host Institution Certification

- We certify that the student named above has been admitted at this institution as a visiting student for the courses and specified term listed above in Section A.
- **Please attach an enrollment summary and statement of fees for the term.**
- We agree not to award, disburse, or process financial aid to the student for the specified term.
- We agree to notify MU if the student's enrollment in any of the courses listed above changes during the specified term.

\_\_\_\_\_  
(Signature – Host Institution Financial Aid Officer) (Printed Name) (Email) (Date)

## Section C: Certification of Agreement by the Student

### Student Certification

- I agree to notify MU if I drop or withdraw from any or all of my courses.
- I understand that my financial aid is based on total 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 unit.
- I understand that I need to be enrolled at least half time at MU in order for my Consortium Agreement to be processed.
- I understand that this Consortium Agreement is applicable to the term of enrollment and courses indicated above.
- I understand that I am solely responsible for returning a completed form to the MU Student Financial Aid Office.
- I agree to request and ensure that an official transcript from the host institution is sent to MU at the end of the specified term.
- To the best of my knowledge, all information provided on this form is true and complete.

\_\_\_\_\_  
(Signature – Student) (Printed Name) (Date)