

🍯 @MSU_FinAid

2023-2024	Consortium	Agreement

		<u>M</u>		
Student's Name	(Last) (First)	BearP	Pass #	Student's Date of Birth
A. Student I	nformation			
Fall 20	023	Spring 2024	C	Summer 2024
MSU Degree & Mo	ajor/Program			
HOST institution		Academic Department	Student I	D # (Host Institution)
HOST Institution A	ddress (Street, City, State, Zip)			
B. Program	Information			
Step 1: For the	e term specified, I will be enrolle	ed in hours at MS	SU and	_ hours at the Host schoo
Step 2: Select y	our program			
	Cooperative Consortion	ums	Other Cons	<u>sortiums</u>
	MAT (MSSU)	Oth	er	
	Geology Trip			
	ASU Cooperative Degree			
	Clinical Lab Sciences (Mercy Hos	spital St. Louis)		
	ASU Radiation or Medical Tech	nology		
	Cox Mercy			
	Start Date:	<u> </u>		
	Graduation Date:	<u>.</u>		
	ASU West Plains Degree Compl	etion Program		

Step 3: Please list all courses which you plan to take at the host institution

HOST COURSE CODE/NUMBER	Hours	MISSOURI STATE EQUIVALENT (www.Missouri State.edu/admissions)	Hours

Step 4

Gross cost to be billed by host institution \$_____ Total assistance received from host institution (tuition reimbursement, fee waiver, etc.) \$___



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STUDENT

FINANCIAL AID

Student Name (Print)

M_____ Bear Pass # (MSU)

Student ID # (Host Institution)

XXX – XX – Last four of SSN

C. This section must be completed by ALL students before sending to MSU - Signatures

isso

(Required only if you selected "Other Consortium" above)

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.

MSU Academic Advisor Name/Dept. (print)

MSU Academic Advisor (signature)

(Required only if you selected a cooperative consortium above)

This student is enrolled in the host courses shown above and is not degree-seeking at the host institution.

HOST Cooperative Program Coordinator (print)

Program Coordinator (signature)

Date

Date

(Required for all students)

The HOST institution listed above will not administer financial aid to the aforementioned 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 C	Officer (print)
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Host Financial Aid officer (signature)

Date

By signing below, I acknowledge that I have read and understand the <u>Consortium Agreement Policy</u> and the <u>Consortium</u> <u>Descriptions</u> page, and certify that all information submitted is accurate and true 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	Date	
For OSFA Use Only			
Approved Denied	Notes:		
MSU Financial Aid Officer			
Data			