Missouri Southern State University
Office of Financial Aid
3950 E. Newman Road, Joplin MO 64801
109 Hearnes Hall
(417) 625-9325
Fax: (417) 659-4474
finaid@mssu.edu

Consortium Agreement for Undergraduate and Graduate Students

Name: _____   MSSU Student ID #: _____

Date of Birth: _____   Host School Student ID #: _____

Consortium agreements enable students to take classes at more than one institution concurrently, for a semester, to combine enrollment to receive maximum financial aid eligibility. Students cannot receive federal financial aid at more than one school in any given semester. If this consortium agreement is approved, MSSU will disburse funding and evaluate your eligibility for financial aid for the defined enrollment period, as MSSU will be granting your degree or certificate.

HOME INSTITUTION

Missouri Southern State University   **Number of Hours Enrolled: _____**

HOST INSTITUTION

_____   **Number of Hours Enrolled: _____**

The student must contact the host institution to make payment arrangements while Financial Aid at the Home Institution is processing aid paid to their account. Please see MSSU's calendar for disbursement dates.

- I understand that I must be enrolled in at least six credit hours at MSSU (undergraduate students) or at least six combined credit hours (graduate students) for this consortium agreement to be considered.
- I understand that I am responsible for paying tuition and fees at the host institution. Failure to have all charges paid by the host institution's deadline may result in the cancellation of my courses.
- I understand that satisfactory academic progress will be evaluated in accordance with MSSU policy and will include evaluation of performance in the courses taken at the host institution.
- I authorize the host institution to release enrollment verification, grade reports, or any other information deemed necessary by MSSU to monitor my academic progress.
- This consortium agreement does not apply to institutional scholarships or awards.
- In order to apply for an in-school deferment, I must be attending one institution at least half-time and must apply for the deferment at that institution.
- Only courses which apply to my program of study are permitted to receive Financial Aid. Awards will be calculated based on the results of your FAFSA at MSSU for your combined enrollment at both your home and host institutions.
- I will request a copy of my transcript to be sent to my Home institution upon completion of my courses.
- I understand that if I complete a total withdrawal, the Department of Education requires that a calculation is performed to determine the amount of federal financial aid I have earned.
- I understand that I will be paid financial aid for the combined number of hours that I am enrolled at the end of the enrollment period (two weeks into the semester). Exact disbursement dates are available from the Financial Aid and Bursar's Offices each semester. Enrollment in late start courses may cause a delay in the disbursement of financial aid funds. I must contact the host institution to make payment arrangements for my balance due.

Your signature below certifies that you have read, understand, and agree to the student responsibilities listed on this form.

Student Signature: _____   Date: _____

Missouri Southern State University
Office of Financial Aid
3950 E. Newman Road, Joplin MO 64801
109 Hearnes Hall
(417) 625-9325
Fax: (417) 659-4474
finaid@mssu.edu

TO BE COMPLETED BY HOST

Enrollment Period			Dates of Enrollment	
(Please check one) Fall ___ Spring ___ Summer ___			From _____ to _____	

Enrollment at Host Institution				
Course Number	**Course Title**		**Semester Hours**	**Total Tuition and Fees**

Is the student receiving any resources at your institution? _____ Yes _____ No   If yes, please list: $_____

Is the student living on your campus? _____ Yes _____ No   If yes, Total Room and Board: $_____

I confirm that the student will not receive financial aid for the applicable period noted. I will inform the MSSU Financial Aid Office if the student withdraws or is dropped from classes so that a refund or repayment can be determined.

Host Institution Signature: _____   **Date:** _____

Financial Aid Officer Name (Printed): _____

Phone Number: _____   **Email:** _____

TO BE COMPLETED BY HOME INSTITUTION

Tuition and Fees: _____   **Room and Board:** _____

Home Institution Signature: _____   **Date:** _____