The purpose of this consortium agreement is to enable enrolled students at MSU-Billings to participate in financial aid programs while concurrently attending another institution (host) and MSU-Billings (home). Montana State University - Billings will be the home institution providing financial assistance.

**Student Certification:** By my signature I certify and agree to the following:

1. I must be enrolled in a degree program at Montana State University-Billings
2. I must attach proof that I am registered at the Host Institution
3. I will be funded by Montana State University-Billings; all financial aid records for this period will be maintained by the Office of Financial Aid at MSU-Billings.
4. I am responsible for notifying the Office of Financial Aid and Scholarships at MSU-Billings of any changes in enrollment status at either institution within 10 days.
5. I will be responsible for transfer of credits taken at Host Institution to Montana State University-Billings within 15 days after the date the semester ends.
6. I will be responsible for repayment of financial aid received based on this consortium agreement if credits are not transferred and I will not be eligible to receive financial aid for future periods of enrollment at MSU-Billings until repayment has been made.

In addition, I authorize the host institution to release enrollment, financial aid and academic information to the Montana State University-Billings Office of Financial Aid and Scholarships.

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### TO BE COMPLETED BY ACADEMIC ADVISOR AT MONTANA STATE UNIVERSITY - BILLINGS

<table>
<thead>
<tr>
<th>Course Prefix Number</th>
<th>Courses at Host Institution (List titles below)</th>
<th>Credit Hours</th>
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I have reviewed the course of study and the above courses will be acceptable for transfer and will count toward the student's degree requirements at Montana State University-Billings.

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### TO BE COMPLETED BY THE HOST INSTITUTION’S FINANCIAL AID OFFICE

The above student is registered at my institution for _________ credits _________ semester.

As the Host Institution, we will not process this student for financial assistance and all records will be kept at the Home Institution. We agree to share information about the student's enrollment as requested by the Office of Financial Aid and Scholarships at MSU-Billings.