



CONSORTIUM AGREEMENT FORM

Montana State University Billings

Financial Aid & Scholarships
 1500 University Drive Billings, MT 59101
 Ph: 406.657.2188 Fax: 406.657.1789
finaid@msubillings.edu
www.msubillings.edu/finaid

A consortium agreement enables you, the student, to receive financial aid while concurrently enrolled for courses at your degree granting institution (**home institution**), Montana State University Billings (MSU Billings), and another institution (**host institution**). This allows your eligibility for financial assistance to be based on the total credits being attempted at both institutions for the semester or term.

Application Steps:

1. Complete and sign the Student Information Section on this page and Student Certification on page two. Consortium agreements must be submitted as soon as possible, but no later than two weeks before the end of the term.
2. List the courses being taken at Host institution and have the MSU Billings Registrar sign the form stating your transfer credit hours will count toward your degree at MSU Billings.
3. Send or take this form to the Financial Aid Office at the Host Institution for completion and signature.
4. Have the Host Institution return this form to the financial aid office at MSU Billings.

TO BE COMPLETED BY THE STUDENT

Student Name		Student ID	
Student Address		City	State Zip
Student Telephone number		Student Email address	
Name of Home Institution (degree granting) Montana State University Billings		Home: Date Semester Begins	Home: Date Semester Ends
Name of Host Institution		Host: Date Semester Begins	Host: Date Semester Ends
Semester and Year of Attendance		Student's Major/Program	

TO BE COMPLETED WITH ACADEMIC ADVISOR AT MSU BILLINGS

Course Prefix Number	Anticipated Courses at Host Institution (List courses titles below)	Credit Hours

TO BE COMPLETED BY THE REGISTRAR AT MSU BILLINGS

I, the registrar, 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 MSU Billings (major, minor, or required electives).

Home Institution Registrar's Signature	Printed Name	Home Institution MSU Billings	Office Phone	Date
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TO BE COMPLETED BY THE HOST INSTITUTION'S FINANCIAL AID OFFICE

The above named student is registered at my institution for _____ Semester. As the Host Institution, we will not provide Title IV financial assistance to this student. We agree to share information about the student's enrollment as requested by the Office of Financial Aid Services at MSU Billings.

To our knowledge, the student will be receiving \$_____ in non-Title IV financial assistance.

Financial Aid Signature	Print Name/Title	Office Phone	Fax Number
College/University	College Address	Date	

*****Form continues on 2nd page*****

Student Certification: With my signature below I certify and agree to the following:

1. Either the Host Institution or MSU Billings may decline to participate in this consortium agreement.
2. I must be enrolled in a degree or certificate program at MSU Billings.
3. I have attached proof of my registration at the Host Institution.
4. I understand that I will receive financial aid from MSU Billings and all financial aid records for this period will be maintained at the financial aid office at MSU Billings.
5. I will notify the financial aid office at MSU Billings within 10 days of any changes in enrollment status at either institution.
6. I will transfer credits taken at Host Institution to MSU Billings within 15 days after the date the semester ends.
7. 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.
8. All credits taken at the host institution will be used to determine my Satisfactory Academic Progress as a financial aid recipient at MSU Billings. Please review the Satisfactory Academic Progress policies at <http://www.msubillings.edu/finaid/SAP.htm>.
9. **It is my responsibility to arrange for payment of costs at the host institution, including tuition, fees, and books, until funds can be disbursed by MSU Billings.** Disbursement of financial aid funds will follow MSU Billings schedule. You must follow regular payment procedures at both institutions to insure that your fee bills are paid by the required deadline dates.

By signing below I certify that I have read and understand the procedures and requirements of the consortium agreement. I agree to comply with these procedures, and understand that noncompliance will result in a loss of financial aid. In addition, I authorize the host institution to release enrollment, financial, and academic information to Montana State University Billings financial aid office.

Student Signature: _____ Date: _____

Return this completed form to the financial aid office at MSU-Billings:

MSU-Billings Financial Aid Office
1500 University Drive
Billings, MT 59101-0298

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EMAIL: finaid@msubillings.edu

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FAX: 406-657-1789