



Consortium Agreement

Office of Financial Aid
3410 Taft Boulevard, Wichita Falls TX 76308
Phone: 940-397-4214 Fax: 940-397-4852
Financial-aid@msutexas.edu

A consortium agreement is an agreement between two colleges/universities to consider credits taken at both institutions in determining federal financial aid eligibility. **The Home Institution** (Midwestern State University) is the degree-granting institution who will administer financial aid. **The Host Institution** is the institution where the student is registered in additional credits. In order to receive federal financial aid for credits taken at both institutions, you must complete this form and **the Host Institution MUST return the completed form to the MSU Financial Aid Office via email or fax once they have completed their section. The student may not deliver the completed form to the MSU financial aid office.**

The Consortium Agreement form **MUST** be received in the MSU Financial Aid Office on/before the following **deadline dates**. Additionally, the **enrollment period** at the Host Institution must coincide with the MSU enrollment period.

Deadline Dates

Fall Submission Dates: August 1- September 15
(Enrollment Period August-December)

Spring Submission Dates: December 1- February 15
(Enrollment Period January-May)

Summer 1 Submissions Dates: May 1 – June 15
(Enrollment period June – July)

Summer II Submission Dates: June 1 – July 15
(Enrollment Period July – August)

STEP 1- STUDENT INFORMATION- To Be Completed By Student

Student Name (Please Print): _____

Social Security Number XXX-XX-__ __ __ __ MSU Mustangs ID: M _____
(last 4 digits only)

HOME Institution: **Midwestern State University** # of enrolled hours _____

HOST Institution: _____ # of enrolled hours _____

Enrollment Period For Which This Consortium Applies (Check only one enrollment period as you must complete a separate consortium form for EACH enrollment period for which you are requesting the consortium)

☐ Fall 20____ ☐ Spring 20____ ☐ SS1 20____ ☐ SS2 20____

By signing this agreement, I understand that:

- I must be enrolled in **at least one course** at my Home Institution in order to be eligible for a consortium agreement.
- I am only eligible to receive federal financial aid from my Home Institution. My full financial aid amount will be disbursed to my student account at my Home Institution (Midwestern State University) and **I must pay my tuition and fees at my Host Institution by their payment deadline.**
- I must provide a printout of my **Host Institution courses** for the upcoming enrollment period for this consortium to the **MSU Financial Aid Office** in order for my consortium to be processed.
- I must provide an **UNOFFICIAL** academic transcript from my Host Institution (which may be printed from the Host institution's website) to the **MSU Financial Aid Office** at the end of the semester to confirm completion of the courses. Failure to do so will result in a 'hold' being placed on my grades/records, future registration and disbursement of aid until the transcript is received.
- I must provide an **OFFICIAL** academic transcript from my Host institution to the **MSU Registrar's Office** at the end of the semester to confirm completion of the courses. Failure to do so will result in a 'hold' being placed on my grades/records until the transcript(s) is received.

Student's Signature: _____ Date: _____

Phone # (_____) _____ - _____ Email Address: _____

STEP 2- COURSE INFORMATION-Student must complete with their Academic Advisor at Home Institution (MSU)

Host Institution: _____ Semester Term _____ Host Student ID: _____

List course(s) to be taken at Host Institution.

Host Course Description	Course Number	Credits	Start Date	End Date	Equivalent Course at Home Institution

I have reviewed the course of study for this student and confirm that the Host Institution courses listed are required, acceptable for transfer, and will be applied toward the student's degree.

Home Academic Advisor Printed Name

Home Academic Advisor Signature

Date

STEP 3- FINANCIAL AID OFFICE USE ONLY---HOST INSTITUTION MUST COMPLETE

Is the student receiving Title IV financial aid through your institution for the enrollment period indicated? YES NO
YES NO
Is the student currently registered for the courses listed in the above Course Information Section? ☐ ☐

CERTIFICATION: We the Host Institution, will NOT provide federal funds to the above-mentioned student for the semester/term(s) specified. We, the Host institution, will be responsible to notify Midwestern State University's Financial Aid Office should the student receive any financial aid funds at our Host Institution.

Host Financial Aid Representative Printed Name

Host Financial Aid Representative Signature

Date

Phone# (_____) _____ - _____

Email Address: _____

******Host Institution must EMAIL or FAX the Consortium Agreement form (Steps 1-3) in it's entirety to:
ATTN: MSU Financial Aid Office Email: financial-aid@msutexas.edu Fax: (940) 397-4852******