

# Mount Saint Mary's University Consortium/Contract Agreement

With

\_\_\_\_\_  
(Name of Host School)

Mount Saint Mary's University and the school named above are herein entering into a Consortium Agreement for:

XXX-XX-

Student's Name

Last four of SS#

Telephone # / Email Address

For which semester are you completing this form? \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

(Note: Students must complete this form each semester for which they wish to receive financial aid under a consortium agreement.)

## Section I - Instructions

The student must:

1. Be enrolled in a degree-granting program at MSM, and be making satisfactory academic progress.
2. Register for course(s) at Host School.
3. Complete Section II below.
4. Submit this form along with a copy of registration information to MSM Academic Advisor for approval.

## Section II – To be completed by Student

Statement of Release: In order to verify my enrollment, I authorize the host school as listed at the top of this form, to release the information requested to Mount Saint Mary's University.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list the course(s)/credits you are taking at the Host School for which you would like to receive financial aid:

1) \_\_\_\_\_ / \_\_\_\_\_    2) \_\_\_\_\_ / \_\_\_\_\_    3) \_\_\_\_\_ / \_\_\_\_\_    4) \_\_\_\_\_ / \_\_\_\_\_  
Course/# of credits      Course/# of credits      Course/# of credits      Course/# of credits

## Section III – To be completed by MSM Academic Advisor

How many of the above credit hours are applicable to the student's degree program at MSM? \_\_\_\_\_

Academic Advisor's Signature \_\_\_\_\_ Printed Name/Date \_\_\_\_\_

*Please sign and submit to MSM Financial Aid Office*

## Section IV – To be completed by Host School's Financial Aid Office

How many credit hours is the student registered for during the term of this Agreement? \_\_\_\_\_

Enrollment Period: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Tuition & Fees for the above credit hours: \_\_\_\_\_ Cost of Attendance for the above credit hours: \_\_\_\_\_

By signing below, the Financial Aid Office at the Host School agrees not to provide any financial aid to the student and agrees to notify MSM's Financial Aid Office if the student withdraws from any classes taken under this agreement.

Financial Aid Officer's Signature \_\_\_\_\_ Printed Name/Date \_\_\_\_\_