



Mount St. Mary's University Consortium/Contract Agreement

With

(Name of Host School)

Mount St. 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 Federal financial aid under a consortium)

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 and make payment by due date of Host School
3. Complete Section II below.
4. Submit this form along with a copy of registration information to MSM Department Chair and Registrar 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 St. Mary's University.

Signature _____

MSM ID: _____ 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 Department Chair and Registrar

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

Department Chair Signature: _____

Printed Name/Date: _____

Registrar Signature: _____

Printed Name/Date: _____

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 _____