2015-2016 CONSORTIUM AGREEMENT FOR WEST CHESTER DUAL DEGREE PROGRAM

MILLERSVILLE UNIVERSITY (MU), known as the “Home Institution” is entering into a Consortium Agreement with the college/university, known as the “Host Institution”, listed in Section C for the student listed in Section A. It is anticipated that this student will receive his/her degree from Millersville University.

SECTION A – STUDENT INFORMATION AND RESPONSIBILITIES  (To be completed by student)

Please print clearly.

Student Name: ____________________________________________________________

MU ID: ____________________________ Host Institution ID: ______________________

Semester for which you are completing this *Consortium Agreement:  ☑ Summer 2015  ☑ Fall 2015  ☑ Spring 2016

*This form must be completed EACH SEMESTER you are requesting financial aid under a Consortium Agreement.

IN ORDER TO PROCESS YOUR CONSORTIUM AGREEMENT, YOU ARE REQUIRED TO:

1. Register at the “Host Institution” and abide by their academic and administrative regulations, including making payment arrangements as any excess financial aid funds will not be available to you until after the start of the semester at MU.

2. Request an official transcript from WCU be sent to Millersville University Office of Financial Aid at the conclusion of the semester covered by the Consortium Agreement or after a grade has been awarded. The transcript will provide the necessary documentation to determine if academic progress has been attained for the semester.

3. Notify MU’s Office of Financial Aid in the event of a change in your enrollment or withdrawal from any course. A change in your enrollment status may affect your financial aid eligibility.

4. Sign the Consortium Agreement. By signing this Agreement, you are granting MU’s Office of Financial Aid the ability to release financial aid eligibility information for deferred payment arrangements to the “Host Institution”, if requested.

Please Note: The student is responsible to make any payments to the “Host Institution” as due. Financial aid refunds will not be processed until after the start of the semester. (Refer to MAX for expected disbursement dates.) If the student is taking classes at Millersville University AND the “Host Institution” during the same semester, the student’s charges at Millersville University will be paid in full before the student will receive a refund.

Student Signature: ________________________________ Date: ___________ / __________ / __________

SECTION B – HOME INSTITUTION AGREEMENT  (To be completed by MU Office of Financial Aid)

MILLERSVILLE UNIVERSITY agrees to process the student financial aid application, determine eligibility and disburse funds in accordance with the Title IV regulations. Funds will only be disbursed to the student if an official Consortium Agreement has been completed by the “Host Institution” and returned to MU’s Office of Financial Aid.

Name of Financial Aid Official: Emiyaril Alvarez  Title: Associate Director of Financial Aid

Signature of Financial Aid Official: ________________________________ Date: ___________ / __________ / __________

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A Member of Pennsylvania’s State System of Higher Education
SECTION C – HOST INSTITUTION AGREEMENT  (To be completed by Host Institution)

Institution Name: ______________________________________________________________

Mailing Address: __________________________________________________________________

Street            City    State  ZIP

Telephone #: ____________________________________________________________________  Fax #: __________________________________________

Name of Financial Aid Official: ________________________________________________  Title: __________________________________________

Signature of Financial Aid Official: ____________________________________________  Date: _______ / _______ / _______

ENROLLMENT INFORMATION

Enrollment period under this Consortium Agreement: _______ / _____ to _______ / _______

<table>
<thead>
<tr>
<th>Course Dept. &amp; #</th>
<th>Course Title</th>
<th>Credits</th>
<th>On-line/Blended Credits</th>
<th>Length of Course</th>
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COST OF ATTENDANCE

Complete the following information using your costs for the enrollment period list above.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$ _________</td>
</tr>
<tr>
<td>Fees</td>
<td>$ _________</td>
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<tr>
<td>Room</td>
<td>$ _________</td>
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<td>Board</td>
<td>$ _________</td>
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<td>Personal</td>
<td>$ _________</td>
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<tr>
<td>Transportation</td>
<td>$ _________</td>
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<tr>
<td>Books/Supplies</td>
<td>$ _________</td>
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<tr>
<td>TOTAL</td>
<td>$ _________</td>
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Please return the completed Consortium Agreement to:

OFFICE OF FINANCIAL AID
MILLERSVILLE UNIVERSITY
PO BOX 1002
MILLERSVILLE, PA 17551
PHONE: 717-871-5100
FAX: 717-871-7980