

2012-2013 CONSORTIUM AGREEMENT FOR GRADUATE STUDENTS

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: _____

Student Signature: _____ Date: ____/____/____

Semester for which you are completing this *Consortium Agreement: Summer 2012 Fall 2012 Spring 2013
**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. **Submit a copy of the “Request to Take Course at Another University for Transfer of Credit Back to MU” form, available online at www.millersville.edu/gps/graduate_studentlife/Transfer_of_credit.pdf.** This form lists the classes that will be accepted for your program.
2. Register at the “Host Institution” and abide by their academic and administrative regulations.
3. **Request an official transcript from the “Host Institution” be sent to MU’s Graduate/Professional Students Office** 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.
4. 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.
5. 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.

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.

Please Note: 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.

Name of Financial Aid Official: Tonya Hsiung Title: Financial Aid Processor

Signature of Financial Aid Official:  Date: ____/____/____

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 ____/____/____

Course Dept. & #	Course Title	Credits

COST OF ATTENDANCE

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

DESCRIPTION	AMOUNT
Tuition	\$ _____
Fees	\$ _____
Room	\$ _____
Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Books/Supplies	\$ _____
TOTAL	\$ _____

Please return the completed Consortium Agreement to:

**OFFICE OF FINANCIAL AID
MILLERSVILLE UNIVERSITY
PO BOX 1002
MILLERSVILLE, PA 17551
PHONE: 717-872-3026
FAX: 717-871-2248**