

## 2009-2010 CONSORTIUM AGREEMENT

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 2009  Fall 2009  Spring 2010  
\*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 "Authorization for Transfer of Credit" form obtained at MU's Registrar's Office to MU's Office of Financial Aid.** This form lists the classes that will transfer from the "Host Institution" to Millersville University.
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 Registrar's Office at the conclusion of the semester covered by the Consortium Agreement. The official transcript will also 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 Counselor

Signature of Financial Aid Official:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION C – HOST INSTITUTION AGREEMENT** *(To be completed by Host Institution)*

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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	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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**