2015-2016 CONSORTIUM AGREEMENT FOR POST-BACCALAUREATE CERTIFICATION 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: ________________________________________

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. Submit a copy of the “Acceptance of Other Credits for Certification” form obtained at MU’s Certification Office to MU’s Office of Financial Aid. This form lists the classes that will be accepted for your certification program.

2. 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.

3. Request an official transcript from the “Host Institution” be sent to MU’s Certification 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.

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: _____ / _____ / _____

(1516)
SECTION C – HOST INSTITUTION AGREEMENT  (To be completed by Host Institution)

Institution Name: ____________________________________________________________

Mailing Address: ___________________________________________________________

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>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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>
</tr>
<tr>
<td>Room</td>
<td>$ ______</td>
</tr>
<tr>
<td>Board</td>
<td>$ ______</td>
</tr>
<tr>
<td>Personal</td>
<td>$ ______</td>
</tr>
<tr>
<td>Transportation</td>
<td>$ ______</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>$ ______</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

Please return the completed Consortium Agreement to:

OFFICE OF FINANCIAL AID  
MILLERSVILLE UNIVERSITY  
PO BOX 1002  
MILLERSVILLE, PA 17551  
PHONE: 717-871-5100  
FAX: 717-871-7982