

CONSORTIUM AGREEMENT

2023-2024

STUDENT NAME

STUDENT ID

PREFERRED EMAIL

PHONE NUMBER

GENERAL INFORMATION

A Consortium Agreement is an agreement between two colleges/universities to recognize your registration at each location for financial aid purposes. It also certifies that only the home institution can administer financial aid.

This form certifies that Millersville University is the students home institution where they are anticipated to earn their degree; and that they are taking credits at a host institution that will transfer back to Millerville.

This document serves as a contract that Millersville is entering into a Consortium Agreement with the Host Institution listed.

ENROLLMENT INFORMATION TO BE COMPLETED BY THE STUDENT

HOST INSTITUTION NAME

HOST STUDENT ID

Will you be taking credits at Millersville during the semester you plan to be enrolled at the host institution?

To be eligible for a Consortium Agreement in the fall/spring semesters you must be enrolled in at least 1 credit at Millersville for the period you are requesting a consortium OR on an approved Leave of Absence if you are not enrolled in at least 1 credit.

☐ YES

☐ NO

☐ ON LEAVE OF ABSENCE

Check the box below that corresponds with the semester you plan to be enrolled at the host institution.

A separate form must be completed for each semester you are requesting financial aid under a Consortium Agreement.

☐ SUMMER 2023

☐ FALL 2023

☐ SPRING 2024

STUDENT RESPONSIBILITIES AND CERTIFICATIONS

Please read carefully and initial next to each item indicating you understand and agree to the terms of the consortium.

☐

I understand I must submit an *Authorization for Transfer of Credit* form to Millersville's Registrar's Office for the course(s) I plan to take at my host institution.

☐

I understand once I register for course(s) at my host institution that I must submit this Consortium Agreement to their Financial Aid Office to have them complete page 2 of this form.

☐

I understand that it is my responsibility for making payment arrangements with my host institution by their due date and that if I am receiving financial aid at Millersville those funds will not pay until the start of the semester.

☐

I understand that I must notify Millersville's Office of Financial Aid if there is a change to my enrollment or if I withdraw from any course at my host institution as it may affect my aid eligibility.

☐

I understand that once I complete my course(s) I must request an official transcript from my host institution to be sent to Millersville's Registrar's Office.

By initialing above and signing below I agree to my responsibilities, and I am granting Millersville's Office of Financial Aid the ability to release financial aid eligibility information to my host institution if requested.

STUDENT SIGNATURE

DATE

STOP! Make sure you have completed page 1 of this form before submitting it to your host institution. Page 2 must be completed by an official representative of the host institution and cannot be completed by the student.

This form, in its entirety must be returned to Millersville's Office of Financial Aid for processing.

HOST SCHOOL FINANCIAL AID CONTACT INFORMATION

NAME OF HOST INSTITUTION

PHONE NUMBER

NAME OF FINANCIAL AID OFFICIAL

EMAIL

SIGNATURE OF FINANCIAL AID OFFICIAL

DATE

ENROLLMENT INFORMATION TO BE COMPLETED BY HOST SCHOOL

ENROLLMENT PERIOD START DATE	ENROLLMENT PERIOD END DATE	COURSE DEPT/CRN	COURSE TITLE	# OF CREDITS	ONLINE COURSE ?

FINANCIAL AID & BILLING INFORMATION TO BE COMPLETED BY HOST SCHOOL

Will the student receive financial aid at your institution?

☐

YES - If yes, STOP. Reach out to Millersville's Financial Aid representative. Contact information below.

☐

NO - If no, move on to complete the remainder of this form.

Complete the following information using your institutions cost of attendance (COA) for the enrollment period and credit hours listed in the section above. Please attach a copy of the students schedule and billing statement when returning this form to Millersville University.

DESCRIPTION COA LINE ITEM	AMOUNT
Tuition	
Fees	
Housing	
Food	
Personal	
Transportation	
Books/Supplies	
TOTAL	

RETURN COMPLETED FORM TO:



Millersville University
Attn: Financial Aid
PO Box 1002
Millersville PA 17551

- OR -



FA.MAIL@MILLERSVILLE.EDU

- OR -



717-871-7980 (FAX)

MILLERSVILLE UNIVERSITY AGREEMENT

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 Millersville University's Office of Financial Aid.

Name of Financial Aid Official: Anastasia Lehnies

Title: Secretary to the Director of FA

Signature of Financial Aid Official: Anastasia Lehnies

Phone: 717-871-5100