18-19 MSISA CONSORTIUM AGREEMENT

MILLERSVILLE UNIVERSITY, known as the "Home Institution" is entering into a Consortium Agreement with Shippensburg University, known as the "Host Institution". It is anticipated that this student will receive his/her degree from the "Home Institution", Millersville University.

STUDENT NAME	E MILLERSVI	LLE ID NUMBER	CONTACT PHONE NUMBER		
	HOST INST	TUTION ID NUMBER	NAME OF HOST INSTITUTION		
		TERM INFORMATION			
You must co	omplete this form for each semester you ar	e requesting financial aid under a Co	onsortium Agreement.		
Please cheo	ck the semester for which you are comple	eting this Consortium Agreement:			
	SUMMER 2018	FALL 2018	SPRING 2019		
To be eligil	To be eligible for a Consortium Agreement for the FALL or SPRING semesters, you must either be:				
🗌 a.	Enrolled in the Master of Science in Inte	grated Scientific Applications (MSI	SA)		
	CT	UDENT RESPONSIBILITIES			
In order to			oonsihility		
In order to process your Consortium Agreement the following will be the student responsibility: (Please check each one to confirm that you have read and understand what your responsibilities are.)					
1.	After you register for your classes at the "Ho to Millersville University Office of Financial A		em. Ask them to complete page 2 and return		
<u> </u>	the semester for the credits covered by this		versity Registrar's Office at the conclusion of		
3.	Notify Millersville University Office of Finance A change in your enrollment status may affe		ur enrollment or withdrawal from any course.		
4.	Sign the Consortium Agreement. By signing release financial aid eligibility information to		U's Office of Financial Aid the ability to		
5.	THE STUDENT IS RESPONSIBLE FOR MAKING REFUNDS (IF APPLICABLE) WILL NOT BE PRO GUARANTEED TO BE PROCESSED PRIOR TO	CESSED UNTIL AFTER THE START OF			

STUDENT SIGNATURE

By signing this form, you agree to all of the above responsibilities and confirm that the above information is complete and accurate.

STUDENT SIGNATURE

DATE:

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HOST INSTITUTION INFORMATION

All of the below inform	mation is to be filled out by a	Financial Aid professiona	l at Shippensburg Univers	sity:
Institution Name:				
Mailing Address:				
-	Street	City	State	Zip
Telephone #:			Fax #:	
Name of Financial Aid O	fficial:		Title:	
Signature of Financial A	id Official:		Date:	

ENROLLMENT INFORMATION

Enrollment period under this Consortium Agreement: ______ to ____

Course Dept. & #	Course Title	Credits	On-line/Blended Credits	Length of Course

COST OF ATTENDANCE

Complete the following information using your costs for the enrollment period list above. ** Please attach a copy of the students schedule/bill when returning this form to Millersville.

DESCRIPTION	AMOUNT
Tuition	
Fees	
Room	
Board	
Personal	
Transportation	
Books/Supplies	
Τοται	

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

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 MU's Office of Financial Aid.

Name of Financial Aid Official:	Francis Ozuna	Title: <u>Secretary to the Director of Financial Aid</u>
Signature of Financial Aid Official:	Francis Ozuna	