

19-20 GRADUATE CONSORTIUM AGREEMENT

MILLERSVILLE UNIVERSITY, known as the "Home Institution" is entering into a Consortium Agreement with the college/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

MILLERSVILLE ID NUMBER

CONTACT PHONE NUMBER

HOST INSTITUTION ID NUMBER

NAME OF HOST INSTITUTION

TERM INFORMATION

You must complete this form for each semester you are requesting financial aid under a Consortium Agreement. Please check the semester for which you are completing this Consortium Agreement:

SUMMER 2019

FALL 2019

SPRING 2020

To be eligible for a Consortium Agreement for the FALL or SPRING semesters, you must either be:

- a. Enrolled in credits at Millersville for that semester
OR
 b. If you are NOT enrolled in credits at Millersville – you must be on a Leave of Absence at Millersville.
- To apply for a Leave of Absence, please contact Millersville University Registrar's Office @ 717-871-5005

STUDENT RESPONSIBILITIES

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. You must submit a copy of the "Request to Take Course at Another University" form to the Millersville University Graduate Office for the classes you are taking at your "Host Institution". It will be your responsibility to bring an approved copy of this form to the Financial Aid Office. Your consortium will not be processed without an approved form.
2. After you register for your classes at the "Host Institution", submit this form to them. Ask them to complete page 2 and return to Millersville University Office of Financial Aid.
3. Request an official transcript from the "Host Institution" be sent to Millersville University Registrar's Office at the conclusion of the semester for the credits covered by this Consortium Agreement.
4. Notify Millersville University 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 to the "Host Institution", if requested.
6. THE STUDENT IS RESPONSIBLE FOR MAKING PAYMENT ARRANGEMENTS WITH THEIR "HOST INSTITUTION" AS DUE. FINANCIAL AID REFUND WILL NOT BE PROCESSED UNTIL AFTER THE START OF THE SEMESTER. REFUNDS ARE NOT GUARANTEED TO BE PROCESSED PRIOR TO BILLS ARE DUE AT YOUR "HOST INSTITUTION".

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 information is to be filled out by a Financial Aid professional at your 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	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	_____
TOTAL	_____

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: _____ Secretary to the Director of Financial Aid

Signature of Financial Aid Official: *Francis Ozuna*