

2025-2026 CONSORTIUM AGREEMENT

STUDENT NAME

STUDENT ID

PREFERRED EMAIL

PHONE NUMBER

GENERAL INFORMATION

A Consortium Agreement is a contractual agreement between two colleges/universities to recognize your registration at each location for financial aid purposes. Under this agreement, it also certifies that only the home institution can award and disburse financial aid.

This form confirms that Millersville University is the student's home institution, where they will earn their degree, and that they are enrolled in courses at a host institution that will transfer back to Millersville.

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 enrolled at Millersville during the same semester you plan to take courses at the host institution?

★ Note: To qualify for a Consortium Agreement during the fall or spring semester, you must be enrolled in at least 1 credit at Millersville OR have an approved Leave of Absence. This requirement does not apply to the summer semester.

☐ YES

☐ NO

☐ ON LEAVE OF ABSENCE

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

A separate form must be completed for each semester you are requesting financial aid under a Consortium Agreement. If requesting to use a portion of your aid in summer, you must also complete MU's Summer Financial Aid (SFA) Request. Go to: millersville.edu/fa-summer

☐ SUMMER 2025

☐ FALL 2025

☐ SPRING 2026

STUDENT RESPONSIBILITIES AND CERTIFICATIONS

By initialing each statement below and signing this form, you acknowledge and agree to the following:

- ☐ You must submit an **Authorization for Transfer of Credit** to the Millersville Registrar for any courses taken at the host PASHHE institution. This must be received and processed before your consortium can be reviewed and finalized.
- ☐ Once registered at your host institution, you must **submit this form to their Financial Aid Office** so that they can complete Page 2 of this form and return it to Millersville's Office of Financial Aid.
- ☐ You are responsible for paying your host institution directly by their deadline. If you receive aid through Millersville, it **won't be paid before bills are due**. Aid pays as follows—Summer: Mid-July | Fall & Spring: After add/drop each semester.
- ☐ You must notify Millersville's Office of Financial Aid **if your enrollment changes** or you withdraw from a course at the host institution, as this may affect your aid eligibility.
- ☐ **You are responsible for official transcripts** being sent to Millersville's Registrar after your courses are complete. The credit earned will count toward your Satisfactory Academic Progress (SAP) calculation at MU. Request this from your host school.

By initialing the above and signing below, you authorize Millersville's Office of Financial Aid to share your financial aid eligibility information with the host institution upon request.

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.

TO BE COMPLETED BY HOST SCHOOL OFFICE OF FINANCIAL AID

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, please contact Millersville's Office of Financial Aid. This student cannot receive aid from both schools.

☐

NO - If no, continue completing this section and attach a copy of the student's course schedule and billing statement.

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

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. Aid will only be disbursed if this completed Consortium Agreement, including host institution verification, is submitted to the Office of Financial Aid.

Financial Aid Official:

Title: Administrative Assistant to the Director of FA

Signature:

Phone: 717-871-5100