

CONSORTIUM ENROLLMENT AGREEMENT 3 + SPECIAL PROGRAMS

STUDENT NAME

STUDENT MILLERSVILLE ID

STUDENT PREFERRED EMAIL

STUDENT PHONE NUMBER

GENERAL INFORMATION

Allied Health students at Millersville complete their final year at a clinical site or affiliated institution, where enrollment, billing, and financial aid may differ from prior years. This form establishes a consortium agreement, allowing MU to include coursework taken elsewhere in your Cost of Attendance (COA) and financial aid eligibility. It also confirms MU as your home institution and ensures credits earned at the host site transfer back toward your degree.

Nuclear Medicine Technology (NMT) and Medical Technology (MT) students are required to have a consortium on file. For other 3+ programs, this form is typically only needed if you have additional expenses for this stage in your program and plan to borrow additional funding above your current COA.

PROGRAM INFORMATION TO BE COMPLETED BY THE STUDENT

Select your program.

- ☐ Nuclear Med Technology
 ☐ Medical Technology
 ☐ Respiratory Therapy
☐ Pre-Athletic Training
 ☐ Sports Medicine
 ☐ Other _____

Review the following to determine whether this form is required for your program and financial aid needs.

For more detailed information, go to: millersville.edu/finaid.

Your Program Type	Who Tuition Is Charged By and Paid To	How Courses Are Tracked	Is a Consortium Agreement Required?
Nuclear Medicine (3+1) or Medical Technology (3+1)	Clinical Site	Placeholder courses at MU (e.g., NUMT 998, MTEC 998)	✓ Yes. Required for each semester you're requesting aid
Respiratory Therapy (3+1)	Millersville University	Standard MU coursework (e.g., BIOL, RESP)	⚠ Only if borrowing above your current Cost of Attendance
Athletic Training, Optometry, Podiatry, or Medicine (3+2 or 3+4)	Graduate Institution	Placeholder MU courses (e.g., OPT 998, MED 998)	✗ No. Your aid is typically handled by the new institution

Based on your program and aid needs, is this form required for your upcoming clinical term?

If you're unsure, visit our website for guidance, contact your program coordinator, or email fa.mail@millersville.edu.

- ☐ Yes, I need this form to apply for financial aid through Millersville.
☐ No, I have confirmed that my program or aid plan does not require this form.

ENROLLMENT INFORMATION TO BE COMPLETED BY THE STUDENT

Will you be enrolled in any other Millersville courses during the same semester as your clinical/host courses?

If you are receiving placeholder credits, only check the box if you are taking additional courses.

- ☐ Yes
 ☐ No
 ☐ On a Leave of Absence

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

A new form is required each semester. If you need aid for summer, submit the Summer Aid Request at millersville.edu/fa-summer.

- ☐ Summer 2025
 ☐ Fall 2025
 ☐ Spring 2026

STUDENT RESPONSIBILITIES & AGREEMENTS

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

- ☐ I understand that this form is only required if I am enrolled in the Nuclear Medicine Technology (NMT) or Medical Technology (MT) programs. If I am in a different 3+ program, I understand that I only need to complete this form if I am requesting a Cost of Attendance increase to apply for additional loans.
- ☐ It is my responsibility to submit this form to the affiliated institution or program contact for completion and return it to Millersville.
- ☐ It is my responsibility to ensure all financial aid applications and requirements are complete so that aid may be processed at Millersville on my behalf.
- ☐ It is my responsibility to secure additional funding or make payment arrangements with my affiliated institution if my offered financial aid does not cover my charges.
- ☐ Financial Aid will not be paid to Millersville until after MU's add/drop period each semester. If I am expecting a refund, I am responsible for using those funds to pay any balances at my affiliated institution.
- ☐ I will notify Millersville's Financial Aid Office if I change my enrollment or withdraw from any courses or clinicals, as it may affect my aid.
- ☐ If I am receiving placeholder credits, my Satisfactory Academic Progress (SAP) cannot be reviewed until grades are received.

By initialing the 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 program director or host institution if requested.

STUDENT SIGNATURE

DATE

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PROGRAM DIRECTOR OR A FINANCIAL AID OFFICIAL FROM THE AFFILIATED HOST SCHOOL

To support the students' financial aid eligibility and ensure accurate processing of their **Cost of Attendance**—especially for any additional expenses not already included by Millersville University—please follow the process outlined and complete the appropriate sections on page 3 of this form.

- ☐ **STEP 1:** Complete contact information.
- ☐ **STEP 2:** Confirm the student's program. This will indicate how the student is billed.
- ☐ **STEP 3:** Complete enrollment data
- ☐ **STEP 4:** Include additional cost data. Refer to the chart below for a guide on what you must provide:

General Instructions: Complete Page 3 of this form. Include the student's program and any additional expenses they have.

✦ **Note:** *If the student is enrolled in Medical Technology (Clinical Laboratory Science) or Nuclear Medicine Technology and completing their clinical year through St. Joseph's University, Page 3 must be completed by St. Joseph's Office of Financial Aid. For other 3+ program coordinators or contacts, they can click [here](#) to access detailed instructions on the web.*

AFFILIATED HOST INSTITUTION OR PROGRAM CONTACT INFORMATION

AFFILIATED HOST INSTITUTION OR 3+PROGRAM NAME

CONTACT PHONE NUMBER

FINANCIAL AID OFFICIAL FROM HOST INSTITUTION OR PROGRAM DIRECTOR NAME

CONTACT EMAIL

ENROLLMENT INFORMATION TO BE COMPLETED BY PROGRAM DIRECTOR OR HOST FINANCIAL AID OFFICIAL

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

ADDITIONAL EXPENSES & OTHER INFORMATION FOR AID CONSIDERATIONS**Will the student receive financial aid at your institution?**

- ☐ YES - If yes, STOP. Reach out to Millersville's Financial Aid Office: fa.mail@millersville.edu.
- ☐ YES - If no, move on to complete the remainder of this form.

Affiliated Host Institutions:

Complete the chart using the cost of attendance (COA) for the enrollment period and credit hours listed above.

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

Program Coordinators:

List the total cost for other expenses a student may incur during their clinicals, e.g. travel, supplies, lodging, etc.

COA	AMOUNT
Tuition	<i>Charged by MU</i>
Fees	<i>Charged by MU</i>
Housing	
Food	
Personal	
Transportation	
Books/Supplies	
TOTAL	

FINANCIAL AID OFFICIAL OR PROGRAM DIRECTOR SIGNATURE**DATE****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.

Millersville Financial Aid Official: Emiyaril Alvarez Title: Director of Financial Aid

Signature of Financial Aid Official: *Emiyaril Alvarez* Phone: 717-871-5100

RETURN COMPLETED FORM TO:fa.mail@millersville.edu

717-871-7980



Millersville University - Financial Aid
PO Box 1002, Millersville PA 17551