



Financial Aid
Eder Hall 103
4525 Downs Drive
St. Joseph, MO 64507
816- 271-4361
Fax 816-271-5879

Missouri Western State University

Consortium Agreement Information and Instructions

University students may enroll at another accredited, federal financial aid-eligible university or college (the “Host institution”) and receive their financial aid from Missouri Western State University (the “Home institution”) by executing this Consortium Agreement. **Please note that this agreement is for one academic term, NOT for one academic year.**

To be considered, the following criteria must be met:

1. You must be a degree-seeking student at Missouri Western State University.
2. You must demonstrate eligibility for financial aid.
3. You must enroll in coursework at an accredited, federal financial aid-eligible university or college.
4. Coursework must be evaluated and confirmed by the appropriate department(s) as acceptable for transfer credit and also credit that will apply towards your degree.

If you meet ALL of the criteria listed above, follow the steps below:

STEP 1 – Complete the Consortium Agreement Form

- Read and sign Section A
- Register for the courses at the Host Institution and have the Host institution complete Section B and C
- Have the Home Institution complete Section D
- Mail, Fax or bring the completed Consortium Agreement to:
Registrar’s Office, Missouri Western State University
Eder Hall Room 102
4525 Downs Drive
St. Joseph, MO 64507
Fax 816-271-4229

STEP 2- Your Responsibilities

- Maintain satisfactory academic progress, as defined by the University
- After each term covered by this agreement, request an official academic transcript sent to MWSU Office of Admissions.
- Be aware that after each term covered by this agreement, your financial aid will be reviewed to prevent over-awarding of funds.

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SECTION A-1: To be completed by the student:

Student Name _____

Student ID G# _____ Student SSN # _____

Permanent Address _____
street address city state zip

Home Phone _____ Work Phone _____

The academic term for which I request MWSU financial aid for enrollment at another institution (check only one):

FALL SPRING Year _____

Host Institution Name _____ Address _____

City, State, Zip _____ Phone _____

PLEASE CHECK EACH ITEM AS YOU READ AND AGREE:

- I understand that my Admissions file must be complete.
- I understand that I must have declared a major and be in degree-seeking status at MWSU.
- I understand that the coursework I enroll in at the Host institution must provide credit(s) that will be acceptable towards my degree at MWSU.
- I understand that I must be enrolled in at least one course at MWSU during the term checked above, unless otherwise authorized by the MWSU Registrar.
- I understand that I must submit a copy of my academic transcript from the Host Institution at the end of the semester and that financial aid will be not be released for the following semester until the transcript is received and recorded.
- I understand that it is my responsibility to pay the tuition and fees with the funds disbursed from MWSU to the Host institution for the coursework listed in in this agreement.
- I understand if the coursework I have enrolled in at the Host institution is not a general studies course, a signature from the chairman of my department major/minor will be required.



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SECTION A-2: To be completed by the student:

PLEASE CHECK EACH ITEM AS YOU READ AND AGREE:

- If my enrollment status changes, I will notify the MWSU Financial Aid Office. I am advised that the consequences of non-attendance and/or withdrawal may include:
 - Repayment of financial aid funds received
 - Satisfactory academic progress probation
 - Suspension of financial aid

- With this contract, I am attaching a copy of the registration form for course work at the Host Institution.

- I am providing the required information in the table below for each course for which I have enrolled at the Host Institution.

Course Number	Course Title	Instructor's Name	Instructor's Email Address

Student Signature _____ Date _____



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SECTION B: To be completed by Host Institution:

Missouri Western State University and _____ by signature of authorized individuals hereby agree that upon enrollment of the student named herein at the Host Institution for the term and hours recorded below, MWSU shall serve as the Home Institution and shall administer all financial assistance for this student during the period of enrollment at the Host Institution with the condition that the student is degree-seeking at MWSU. It is further agreed that completion of this agreement precludes the student's eligibility for financial assistance from the Host Institution during this period. The Host Institution agrees to notify the office of Financial Aid at MWSU in the event of any change in the student's enrollment status and/or any refund due the student.

SECTION C: To be completed by Host Institution:

This is to certify that the student named in Section A of this agreement has been admitted at this institution and is enrolled in the following courses for the term Fall Spring of the _____ academic year. The start and end dates for this term are _____ to _____.

Course Number	Course Title	Credit Hours	Cost to Student

TOTAL tuition/fees charged to the student for the courses listed above are \$ _____

Other charges (describe) _____ \$ _____

Name _____ Title _____
Typed or Printed Host Institution Registrar/Financial Aid Director

Phone _____ School Code _____

I certify that this student will not receive financial aid while enrolled at our institution. If I become aware that the student is receiving federal aid, scholarships or other aid, I will notify the Financial Aid Office at Missouri Western State University.

Signature _____ Date _____



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SECTION D: To be completed by Home Institution:

By signing below, parties are verifying that student named in Section A is a degree-seeking student at MWSU and that the coursework named in Section C will be credited towards the student's degree at MWSU.

If applicable, please indicate below the appropriate MWSU course equivalent to the Host Institution coursework.

Host Course	Host Credit Hours	MWSU Course	MWSU Credit Hours

Departmental Signature

Date

Departmental Signature

Date

Signature of MWSU Registrar Director/Administrator

Date

SECTION E: To be completed by Office of Financial Aid:

Student's EFC _____

Hours student is enrolled at MWSU _____

Hours student is enrolled at Host Institution _____

Total hours of enrollment for agreement term _____

Signature of MWSU Financial Aid Administrator

Date