Marshall University
2012-13 Financial Aid Consortium Agreement

Consortium Agreement Instructions

I. Read Financial Aid Consortium Agreement Instructions and Agreement to understand contract student is entering in to with Marshall University.
II. Student completes Section I of the Consortium Agreement.
III. Student completes an *Approval of Courses to be taken for Advanced Standing* with the Office of Admissions. The *Advanced Standing* form must be signed off on by the Office of Admissions, Academic Dean or Director, and Registrar and all parts complete. Graduate students must obtain a letter from Academic Dean stating course(s) will transfer as part of student's program in place of the *Advanced Standing* form.
IV. The student has responsibility upon approval of *Advanced Standing* form to obtain copy to submit with Consortium Agreement.
V. The student must submit the Consortium Agreement with Section I completed, along with a copy of the *Advanced Standing* form to the Host Institution's Financial Aid Office for completion of Section II.
VI. When Sections I and II are completed, the student submits the Consortium Agreement along with the *Advanced Standing* form to the Office of Student Financial Assistance (SFA).
VII. Student must submit all pages of Consortium Agreement and necessary attachments no later than deadline (listed below). Agreement will be denied if all information is not complete by the deadline.
VIII. Section III of the Consortium Agreement will be completed by the Marshall University Office of SFA, if it is approved. Upon approval, the student's financial aid will be processed and the student will be notified of his or her awards.
IX. If the Consortium Agreement is denied, the student will be informed by the Marshall University Office of SFA.
X. The student has the right to appeal a decision of denial within 14 days of notification by submitting a letter to the Financial Aid Appeals Committee, c/o Director of Student Financial Assistance.

Deadlines for submission of Financial Aid Consortium Agreement:

- 2012 fall semester – August 31, 2012
- 2013 spring semester – January 18, 2013
- 2013 summer terms – June 30, 2013

2012-13 Financial Aid Consortium Agreement

CONS12

between **Home Institution:** Marshall University, **Host Institution**: _____,
and the **Student: _____MUID: _____.**

Student's last 4 digits of SSN: _____ Student Date of Birth: _____
Email:_____ Phone Number:_____

Section I – to be completed by Student

By signing below, you understand and agree to the following:

1. Your federal financial aid may only be processed through Marshall University (MU).
2. Be enrolled in an eligible degree program at MU.
3. Be in good academic and social standing at MU.
4. Maintain Satisfactory Academic Progress for Financial Aid according to MU Policy. (Students placed on Financial Aid Warning or Financial Aid Probation will not be approved for an Agreement).
5. Take course(s) at the host institution that are transferable to MU and applicable to your degree. You must submit a complete copy of the MU Admission Office *Approval of Courses to be taken for Advanced Standing* with this form. Graduate students must submit a letter from Dean. See Instructions.
6. Specify below the course(s) and the reason you want to take the course(s) under this agreement at your Host Institution:

   _____
   _____
   _____

   The Office of SFA has the right to approve or deny your request for a consortium based on the reasons you provide above. Generally, this will be approved if any of the following conditions specified below are met:

   a. Your courses listed above are not available at MU during the term in which you must take the course to stay on track for graduation;
   b. Due to financial constraints, the student is unable to live on campus during the summer and therefore is limited to taking courses at his or her local college or university; or
   c. To experience study abroad.

7. Give permission to your Host Institution to release information to MU regarding financial aid eligibility and enrollment.
8. Notify MU Office of SFA immediately if you do not begin attendance in the courses approved under this agreement.
9. Inform MU Office of SFA of any change in enrollment status, including withdrawing from any courses under this agreement within 14 days of the enrollment change.
10. Repay any financial aid disbursed to you under this agreement, if subsequently it is determined that you do not qualify for the aid because of withdrawal or failure to meet other terms of the agreement.
11. Request an academic transcript from your Host Institution to be sent to the MU Office of Admissions immediately following completion of the courses approved under this agreement. You are responsible for ensuring that MU receives your official academic transcript. Transcripts handled by the student are not accepted. The Host Institution must send your official academic transcript.
12. This request for a consortium agreement will not be approved if the courses you take at your Host Institution are courses you previously attempted.
13. If you were a recipient of financial aid under a consortium agreement previously, and you withdrew or received failing grades for those courses, a subsequent consortium will not be approved.
14. Take responsibility for payment arrangements at Host Institution.

_____ _____

Student Signature **Date**

Student: _____ MUID: _____
Student's last 4 digits of SSN: _____ Student Date of Birth: _____

Section II – to be completed by the Host Institution

The student referenced in Section I of this form is seeking a degree or certificate from Marshall University (MU) and plans to enroll at your institution to complete coursework applicable to his/her MU degree. This Financial Aid Consortium Agreement will allow MU to disburse financial aid based on the student's enrollment at both institutions. MU is responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds and reporting requirements. Once MU fees are paid, MU will refund any excess financial aid to the student. The student is responsible for payment of all charges at the Host Institution.

Please provide the following information:

Name of Host Institution: _____

Address: _____ City: _____ State: ____ Zip: _____

Enrollment Period (please circle one): Fall 2012 Spring 2013 Summer 2013

Dates of enrollment: From_____ To_____

Course (ex: ENG 101)	Number of Hours	Course (ex: ENG 101)	Number of Hours

Total cost of courses student is enrolled in: _$_____

Indicate the type and amounts of any financial this student is receiving at your institution during the period of enrollment specified above: _____

Has the student paid his/her bill (please circle one): Yes No

Under this agreement, the Host Institution agrees to the following:

1. Will notify Marshall University Office of Student Financial Assistance if the student drops or withdraws from any courses listed above within 21 days of enrollment change.
2. Will not provide federal or state aid funds to the student during the enrollment period specified above.

_____ _____
Host Institution Financial Aid Officer Signature Date

_____ _____
Printed Name Email

_____ _____
Phone Number Fax

Student: _____ MUID: _____

Student's last 4 digits of SSN: _____ Student Date of Birth: _____

Section III – to be completed by Marshall University Office of Student Financial Assistance

Under this agreement, Marshall University:

1. Agrees to process the student's financial aid application and provide authorization for payment of Title IV funds, and other applicable student aid funds.
2. Certifies that the student meets all eligibility requirements for financial aid eligibility under the terms of this agreement.
3. Makes available student consumer and disclosure information at http://www.marshall.edu/disclosures/.
4. MU Registrar Office conducts enrollment reporting to the National Student Loan Data System (NSLDS) through the Clearinghouse on a routine basis. However, if notification of a student's enrollment status changes occurs after the semester or term under this agreement passes, the Office of Student Financial Assistance reports the enrollment status change directly to NSLDS.
5. Will provide the student and Host Institution a copy of the fully executed Financial Aid Consortium Agreement.

_____	_____
Home Institution Financial Aid Counselor Signature	Date
Sarah Musgrave	musgrave3@marshall.edu
Printed Name	Email
304-696-3162	304-696-3242
Phone Number	Fax

For Office Use Only:

SAP		Overall MU GPA	
Previous Agreement	Yes No	Previous Agreement GPA	
MU Hours		MU Cost	
Host Hours		Host Cost	
Academic Level	UG GR	Total of both tuitions	

Approval	Yes No
Denial Reason	
Other Notes	