

**MOUNT SAINT MARY'S UNIVERSITY
CONSORTIUM AGREEMENT
with**

(Name of Host School)

Mount Saint Mary's University and the school named above are herein entering into a Consortium Agreement for:

Name of Student	Social Security Number	Telephone No./Email Address

For which semester are you completing this form? ___Fall ___Spring ___Summer
 (Note: Students must complete this form each semester for which they wish to receive financial aid under a consortium agreement.)

Section I - Instructions
<p>The student must:</p> <ol style="list-style-type: none"> 1. Be enrolled in a degree-granting program at MSM, and be making satisfactory academic progress. 2. Register for course(s) at Host School. 3. Complete Section II below. 4. Submit this form along with a copy of registration information to MSM Academic Advisor for approval.

Section II - To be completed by student
<p>Please list the course(s)/credits you are taking at the Host School for which you would like to receive financial aid:</p> <p>1. _____ / _____ 3. _____ / _____</p> <p>2. _____ / _____ 4. _____ / _____</p>

Section III - To be completed by MSM Academic Advisor	
<p>How many of the above credit hours are applicable to the student's degree program at MSM? _____</p> <p><i>Please sign and submit to MSM Financial Aid Office.</i></p>	
Academic Advisor's Signature	Printed Name/Date

Section IV - To be completed by Host School's Financial Aid Office	
<p>How many credit hours is the student registered for during the term of this Agreement? _____</p> <p>Enrollment Period: Start Date _____ End Date _____</p> <p>Tuition & Fees for the above credit hours: _____ Cost of Attendance for the above credit hours: _____</p> <p>By signing below, the Financial Aid Office at the Host School agrees not to provide any financial aid to the student and agrees to notify MSM's Financial Aid Office if the student withdraws from any classes taken under this Agreement.</p>	
Financial Aid Officer's Signature	Printed Name/Date