

Consortium Agreement for Minnesota State Institution as Host School

A Consortium Agreement allows a student to receive financial aid at Metropolitan State University for coursework taken at another institution (the "Host" institution) if the coursework is applicable to his/her specific degree program of study at Metropolitan State University. Any coursework taken through this agreement will be treated as "Resident Credit" and will count toward your cumulative completion percentage and GPA. You may not receive aid at the "Host" school for the same semester in which you are planning on receiving aid at Metropolitan State University. For transfer of credit(s), a DARS update request is required upon completion of course(s) listed below.

Student Section

Student Name: _____ **Metro Student ID:** _____

Host (Other) School Name: _____

Semester: _____ **Year:** _____ **Major:** _____

Please list the course(s) that you plan to take at the host institution for the semester indicated above:

Course Number	Course Title	# of Credits	Instructor Name	Instructor Phone or email

I understand that I need to forward this Consortium Agreement to my Academic Advisor at Metropolitan State University for approval prior to submitting to the Financial Aid Office and if incomplete forms are received, it will delay processing. **I understand that if I drop and re-add any course on this form then I will need to notify the Financial Aid Office to determine if I will need to fill out a new form or not. I understand that I must pay the tuition and fees for the course(s) listed above by the Host School's tuition deadline date, as well as any costs for books and materials.** Metropolitan State cannot pay the other school directly for any financial aid received for the above courses.

Student Signature: _____ **Date:** _____

Metropolitan State University Academic Advisor Section

My signature validates that the courses above are applicable to this student's degree or certificate at Metropolitan State University. I recommend these courses be approved for the Financial Aid Consortium Agreement.

Advisor Printed Name: _____ **Date:** _____

Advisor Signature: _____ **Phone:** _____

Return this completed and signed form (including your Academic Advisor's information) to:

Attn: Financial Aid Office
Metropolitan State University
700 East Seventh Street, Saint Paul, MN 55106-5000

Phone: 651-793-1300
Fax: 651-642-0636