

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 their 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), submit a [Transfer Update Request](#) upon completion of course(s) listed below. For more information on Repeats, see [Metropolitan State Policy 2080](#).

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:

Six Digit Course ID <i>ex. 000123</i>	Subject Title and Number <i>ex. Psyc 100 General Psychology</i>	Goal #	# of Credits	Instructor Name <i>ex. John Smith</i>	Instructor Phone/Email

I understand 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. Incomplete forms will delay processing. **I understand if I drop and re-add any course on this form, I need to notify the Financial Aid Office to determine if a new form is needed. I understand 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:** _____

*Typed signature will NOT be acceptable.

FOR ADVISOR USE ONLY:
Metropolitan State University Academic Advisor

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

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