

Consortium Agreement for Minnesota State Institution as Host School

A Consortium Agreement allows a student to receive financial aid at Metro State University for coursework taken at another institution (the “Host” institution), if the coursework is applicable to their specific degree program of study at Metro 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 Metro 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 Metro State Policy 2080.

Name _____ StarID _____

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.

1. Course ID _____ Subject Title/Number _____ Goal # _____
 # of credits _____ Instructor Name _____
 Instructor phone/email _____

2. Course ID _____ Subject Title/Number _____ Goal # _____
 # of credits _____ Instructor Name _____
 Instructor phone/email _____

3. Course ID _____ Subject Title/Number _____ Goal # _____
 # of credits _____ Instructor Name _____
 Instructor phone/email _____

I understand I need to forward this Consortium Agreement to my Academic Advisor at Metro State University for approval prior to submitting to the Financial Aid Office. If received the last week of the term, the form may not be processed. Incomplete forms will cause delay. 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. Metro State University cannot pay the other school directly for any financial aid received for the above courses.

Student Signature _____ Date _____

Until further notice, typed and unsigned signature will only be accepted if sent from my.metrostate.edu student email account to academic advisor for approval.

FOR ADVISOR USE ONLY: Metro State University Academic Advisor

My signature validates that the courses above are applicable to this student’s degree or certificate at Metro 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:

Financial Aid Office | Metro State University | 700 East Seventh Street | Saint Paul, MN 55106-5000

Phone **651.793.1300** | Fax **651.793.1532**