Non Minnesota State Institution Consortium Agreement

METRO STATE UNIVERSITY

STUDENT SECTION

Student Name _____ StarID _____

Host School Name _____ Host School ID _____

Semester _____ Year _____ Major _____

By checking the boxes below, I understand and agree to the following terms:

- ☐ I must attach a copy of both: 1) Registration/Class Schedule 2) Detailed tuition and fee statement from the host school.
- ☐ The course(s) I'm enrolled in at the host school are applicable to my degree at Metro State University and they will count toward my cumulative completion rate and GPA at Metro State University.
- ☐ I must pay for the tuition and fees (as well as any costs for books and materials) for the course(s) I am enrolled in at the host school by the host school's tuition deadline.
- ☐ In order to receive credit for the course(s) I am enrolled in at the host school, I must obtain an official transcript after completing the course and send it to ATTN: Grades Coordinator, Registrar's Office, Metro State University.
- ☐ I will submit this consortium agreement to my host school for the completion of the "Host School Section" as well as my academic advisor at Metro State for course approval prior to submitting to the Metro State University Financial Aid Office.
- ☐ If I make changes to my host school schedule after advisor approval, I will have my course(s) reviewed by my advisor and submit an updated class schedule to the Metro State University Financial Aid Office and this may affect the financial aid received if changes are made after Metro State's add/drop period.
- ☐ Prior-term balances at Metro State are paid first, which may reduce or eliminate funds available to pay the consortium institution.
- ☐ This Consortium may take up to 5–7 business days to process after all required documentation is received by the Financial Aid Office. Missing information and/or incomplete forms will be returned to the student and this will delay processing.

Student Signature _____ Date _____

METRO STATE UNIVERSITY ACADEMIC ADVISOR SECTION

My signature validates that the courses on the attached class schedule 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 _____

HOST SCHOOL FINANCIAL AID OFFICE SECTION

The student has registered for the courses on the attached class schedule. The student will not receive financial aid at this institution for the term indicated in this agreement.

Financial Aid Administrator Printed Name _____ Phone _____

Financial Aid Administrator Signature _____ Date _____

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

Email **financial.aid@metrostate.edu** | Phone **651.793.1300** | Fax **651.793.1532**

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MINNESOTA STATE

Metropolitan State University,
A member of Minnesota State