



Student Application for Consortium Agreement

A student requesting Title IV financial aid from Great Falls College MSU for classes taken at both Great Falls College MSU and another institution must complete this consortium agreement form. **For a course to eligible for Title IV financial aid, it must be accepted by Great Falls College MSU towards satisfying the student's degree requirements.** Completing this application does not guarantee that the agreement will occur; one or both of the institutions may refuse to participate.

Student Information

Name: _____ Student ID: _____

Address: _____

Email Address: _____ Phone: _____

Term: Fall Spring Summer Year: _____

Degree of Study/Program: _____

Name of other institution you are attending: (Host Institution): _____

Courses enrolled in at Host Institution:

| Subject | Name of Course | Credit Hours |
|---------|----------------|--------------|
| | | |
| | | |
| | | |

Host Registrar Certification

I certify that the student listed above has pre/registered for the classes listed on this application. I understand Great Falls College MSU may periodically verify enrollment status for this student and that this agreement includes the student's written authorization for Great Falls College MSU to do so.

Term/Year: _____ Start date of term: _____ End date of Term: _____

| | | | |
|-----------------------|-----------------|--------------|------------|
| Registrar's Signature | Print Name | Phone Number | Fax Number |
| College Name | College Address | Date | |

Host Financial Aid Certification

I certify that we are not paying the above named student any Title IV financial aid for the period covered above. For courses listed, this student will pay: Tuition and fees _____ + Estimated Books _____ = Total Costs _____

To my knowledge, the student will be receiving \$ _____ in non-Title IV aid

| | | | |
|-------------------------|-----------------|--------------|------------|
| Financial Aid Signature | Print Name | Phone Number | Fax Number |
| College Name | College Address | Date | |

Student Certification

1. I understand that either Host or Home Institution may decline to participate in this consortium agreement.
2. I understand that I must be certificate-seeking or degree-seeking at Great Falls College MSU and that courses I am taking at the Host Institution must be transferable and **REQUIRED** for my program of study at Great Falls College MSU.
3. I understand that I must submit proof of my registration at the Host school before any Title IV financial aid will be disbursed to me from Great Falls College MSU.
4. I understand that it is my responsibility to pay for costs at the Host school, including tuition, fees and books, until I am disbursed Title IV financial aid from Great Falls College MSU.
5. I understand that it is my responsibility to make arrangements to transfer credits earned at the Host Institution to Great Falls College MSU. I understand that financial aid for future terms may not be released if transfer credits have not been received.
6. I understand that I will be required to repay financial aid for courses at the Host Institution if credits are not transferred to Great Falls College MSU. I understand that financial aid for future terms will not be released if transfer credits have not been received.
7. I understand that all transfer credits under this agreement will be considered when determining my compliance with the Great Falls College MSU Satisfactory Academic Progress Requirements. I understand that I must provide an unofficial copy of my Host transcript to the Financial Aid Office at the end of the term.
8. I understand repayment of financial aid, including loans, disbursed by Great Falls College MSU will be required if I (1) drop during the refund period, (2) withdraw (officially or unofficially), or (3) credits are not transferred to Great Falls College MSU.
9. By my signature below, I authorize the Host Institution listed on the front of this agreement to release enrollment, financial, and academic information to Great Falls College MSU Financial Aid Office.

I certify that I understand and agree to comply with all terms and conditions stated above and that the information provided on this form is true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Instructions: Once the front of this form is completed and you have signed the above certification, submit the form to the Financial Aid Office, Great Falls College MSU (address and fax number are on reverse side). Once the Registrar's office makes a determination of the transferability of the courses, the Financial Aid Office will make adjustments to your financial aid award.

Home Registrar Certification

I certify that the courses listed on the front of this consortium agreement are transferable to Great Falls College MSU and **REQUIRED** for this student's certificate/degree at Great Falls College MSU.

Registrar's Signature: _____ Date: _____