



FINANCIAL AID CONSORTIUM AGREEMENT

The United States Department of Education requires that a written consortium agreement exist between two federally eligible institutions whereby a student desires to take courses at both institutions in the same enrollment period. The following agreement is to provide the legal basis to process financial aid for a student matriculated at Mayville State University but studying at another University or College for a semester or academic year. Pell Grants, Supplemental Education Opportunity Grants, Direct Loans and Parent Loans for Undergraduate Students are covered by this agreement.

Under this agreement, Mayville State University is considered the **home** institution where the student expects to receive a degree or certificate. The **host** institution is defined as the non-degree granting institution delivering the course(s).

SECTION A: (To be completed by student)

Name: _____ SSN#: XXX XX _____

Address: _____
PO Box or Street Address City State Zip

Phone # _____ Email _____

I am currently pursuing a degree from Mayville State University, the “home” institution. This application requests a Consortium Agreement between **Mayville State University** and _____, the proposed “**host**” institution, for the _____ **Semester**.

At **Mayville State University**, I plan to enroll as follows:

- I do not plan to attend _____ Semester.
- I plan to enroll for _____ semester credits during the _____ Semester.

At the **host** institution, I plan to enroll for _____ semester credits during the _____ Semester.

If I withdraw from any or all of my classes at the **host** institution, I agree to notify Mayville State University immediately. I understand that it is my responsibility to make certain that an official copy of my transcript is sent to Mayville State University from the **host** institution at the completion of the semester. In addition, I give permission to the Financial Aid Office at Mayville State University to request my academic transcript from the **host** institution.

The student must attach a copy of planned enrollment from the “host” institution that has been approved and signed by the “home” Registrar to verify that the “host” course(s) are applicable to the pursued degree at Mayville State University.

(Applicant’s Signature)

(Date)

SECTION B: (To be completed by host institution)

_____ is enrolled at _____ for the
(Applicant's Name) (Host Institution)
_____20__ Semester for _____semester credits. Charges for Tuition and Fees for the
(fall/spring/summer)
semester at the **host** institution will be \$_____. The semester enrollment period is from
_____ to _____.

The **host** institution agrees to notify Mayville State University immediately if the student withdraws from any or all classes.
The **host** institution agrees **not** to provide financial assistance to the above named student for the term specified.

Signature _____ Date _____

Please print or type name and title _____

Email address _____

Name of **Host** institution _____

Address of **Host** institution _____

Phone # _____ Fax # _____

SECTION C: (To be completed by Mayville State University)

_____ Semester enrollment period at Mayville State University: _____
Begin/End dates of term

Semester Credits taken at the **Host** Institution _____

Semester Credits taken at Mayville State University _____

Student Budget for above named enrollment period:

Tuition/Fees **Host** Institution \$ _____

Tuition/Fees Mayville State University _____

Room/Board _____

Books/Supplies _____

Miscellaneous expense _____

Total \$ _____

This consortium agreement was reviewed, completed, and approved by:

Signature _____

Date _____

Susan Cordahl, Director of Financial Aid
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