



One University Plaza
Cape Girardeau MO 63701



PO Box 1000
Park Hills MO 63601



**St. Louis Community
College**

8001 Natural Bridge Road
St Louis MO 63121



2080 Three Rivers Blvd
Poplar Bluff MO 63901



1000 Viking Drive
Hillsboro MO 63050



3400 Pershall Rd
St Louis MO 63141

Consortium Agreement for Administration of Financial Aid

2012-2013

The agreement, when fully complete, will allow the Home Institution to process your financial aid based on the combined enrollment of the Home and Host Institution for the specified semester. The institution that processes and pays the student financial aid is the Home Institution. The institution that does not process or pay the student financial aid is the Host Institution. The Home Institution is typically the institution who you will be receiving your degree from.

You must be a degree or certificate-seeking student with the Home Institution to complete this agreement. If you are in "0" hours at the Home institution, you must obtain permission from the Home institution prior to completing a consortium agreement. **DO NOT COMPLETE THE CONSORTIUM AGREEMENT IF YOU WILL BE ENROLLED FULL TIME (12 OR MORE CREDIT HOURS) AT THE HOME INSTITUTION.**

STUDENTS RIGHTS AND RESPONSIBILITIES

- It is **your responsibility** to complete a Consortium Agreement for each semester of combined enrollment. The Home Institution will determine enrollment status, will process your financial aid and apply it to your account.
- It is **your responsibility** to meet payment deadlines at both the Home & Host Institution or to make arrangements with the Home & Host Institution regarding payment of tuition or fees. **DO NOT** ignore any bills you receive from either the Host or Home institution. If you receive a bill from either institution contact that Billing Office immediately.
- It is **your responsibility** to *notify the Home Institution's Financial Aid Office, in writing, if you drop hours or withdraw from either the Home or Host Institution.* This must be done within 2 weeks of dropping a class or withdrawing from all classes.
- It is **your responsibility** to request a transcript be sent to the Home Institution. If either your Home or Host Institution is TRC, SEMO, or JEFFCO, your consortium signature authorizes the Host school to release transcript information to the Home school. You are responsible for requesting a transcript transfer for any other institution. A financial aid hold **will** be placed on your account for subsequent semesters until the transcript is received. If there are any associated charges with this transcript request, you will be responsible for those charges.
- It is **your responsibility** to complete the Consortium Agreements accurately and adhere to the processing deadlines of the Home Institution no **later than the end of the Home Institutions first week of class** each semester. This date may be different at each institution.
- It is **your responsibility** to deliver this Consortium agreement in person or by mail or fax to the Host Institution for appropriate signatures and approval.
- All federal aid recipients must maintain satisfactory academic progress for financial aid in accordance with the policy of the Home Institution.
- The Home institution may verify enrollment with the Host institution during the semester. Your financial aid may not be released until your enrollment is confirmed. This could delay the processing of refund checks.
- Cost of attendance is based on the standard charges applicable to concurrent enrollment at the Home and Host Institutions.

CONSORTIUM AGREEMENT FOR ADMINISTRATION OF FINANCIAL AID

HOME INSTITUTION: Check the box next to the name of the Institution that will grant your degree or certificate. This is the Institution that will process your Financial Aid.

- | | | |
|---|--|--|
| <input type="checkbox"/> Southeast Missouri State University
One University Plaza MS3740
Cape Girardeau, MO 63701 | <input type="checkbox"/> Three Rivers College
2080 Three Rivers Blvd
Poplar Bluff, MO 63901 | <input type="checkbox"/> Jefferson College
1000 Viking Dr.
Hillsboro, MO 63050 |
| <input type="checkbox"/> St. Louis Community College @
Florissant Valley
3400 Pershall
St. Louis, MO 63141 | <input type="checkbox"/> Mineral Area
Community College
PO Box 1000
Park Hills, MO 63601-1000 | <input type="checkbox"/> _____

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NAME OF STUDENT	SOCIAL SECURITY#	STUDENT ID#
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STREET ADDRESS	CITY, STATE & ZIP				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; background-color: #cccccc;">ENROLLMENT PERIOD (Check only one)</td> <td style="width: 30%;"> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER </td> <td style="width: 30%; background-color: #cccccc;">ENROLLMENT HOURS AT HOME INST.</td> <td style="width: 10%;"></td> </tr> </table>	ENROLLMENT PERIOD (Check only one)	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	ENROLLMENT HOURS AT HOME INST.		
ENROLLMENT PERIOD (Check only one)	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	ENROLLMENT HOURS AT HOME INST.			

HOST INSTITUTION (If school name does not appear above, please enter contact information here):

SCHEDULE AT HOST INSTITUTION				
COURSE #	SECTION #	COURSE TITLE	SEM HOURS	TOTAL TUITION

I agree: **1)** That I have read the consortium agreement and agree to all policies and requirements for the indicated period of enrollment at both the Host Institution and the Home Institution; **2)** If my host institution is TRC, SEMO, or JEFFCO, I give permission for the Home Institution to request a transcript on my behalf. I understand that I am responsible for requesting a transcript transfer for any other institution. A FINANCIAL AID HOLD WILL BE PLACED ON MY ACCOUNT FOR SUBSEQUENT SEMESTERS UNTIL THE TRANSCRIPT IS RECEIVED; **3)** If there are any associated charges with this transcript request, I understand that I am responsible for those charges.

Student's Signature	Date	Student's Home Institution E-mail Address
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Host Institution--I certify that the student named above is currently enrolled in the listed courses at the Host Institution. Further, I agree to contact the Home Institution if there is any change in enrollment during the course of the indicated period of enrollment within 2 weeks.

Host Institution Registrar Signature	Date	Host Institution Financial Aid Director Signature	Date
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Home Institution Registrar Signature	Date	Home Institution Financial Aid Director Signature	Date
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