



**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, Perkins Loans, 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 \_\_\_\_\_

Shirley Hanson, Director of Financial Aid

Mayville State University, 330 Third St NE, Mayville, ND 58257

[Shirley.m.hanson@mayvillestate.edu](mailto:Shirley.m.hanson@mayvillestate.edu)

701-788-4767 office

701-788-4613 fax