



**Marshall University**  
**Financial Aid Consortium Agreement**

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**Consortium Agreement Instructions**

- I. Read Financial Aid Consortium Agreement Instructions and Agreement to understand contract student is entering in to with Marshall University.
- II. Student completes Section I of the Consortium Agreement and student identification information on each page.
- III. Student completes an *Approval of Courses to be taken for Advanced Standing* with the Office of Admissions. The *Advanced Standing* form must be signed off on by the Office of Admissions, Academic Dean or Director, and Registrar and all parts complete. Graduate students must obtain a letter from Academic Dean stating course(s) will transfer as part of student's program in place of the *Advanced Standing* form.
- IV. The student has responsibility upon approval of *Advanced Standing* form to obtain copy to submit with the Agreement. Graduate students must submit dean's letter.
- V. The student must submit the Agreement, with Section I completed and a copy of the *Advanced Standing* form to the Host Institution's Financial Aid Office for completion of Section II.
- VI. When Sections I and II are completed, the student submits the Agreement and complete copy of the *Advanced Standing* form to the Office of Student Financial Assistance (SFA).
- VII. Student must submit all pages of the Agreement and necessary attachments no later than deadline (listed below). Agreement will be denied if all information is not complete by the deadline.
- VIII. Section III of the Agreement will be completed by the Marshall University Office of SFA, if it is approved. Upon approval, the student's financial aid will be processed and the student will be notified of his or her awards.
- IX. If the Agreement is denied, the student will be informed by the Marshall University Office of SFA.
- X. The student has the right to appeal a decision of denial within 14 days of notification by submitting a letter to the Financial Aid Appeals Committee, c/o Director of Student Financial Assistance.

**Deadlines for submission of complete Financial Aid Consortium Agreement application:**

- Fall semester – Friday of the first week of MU semester (will be reviewed no earlier than July)
- Spring semester – Friday of the first week of MU semester (will be reviewed after fall ends)
- Summer terms – June 30 of summer term of enrollment (will be reviewed after spring ends)

# Financial Aid Consortium Agreement

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between **Home Institution:** Marshall University, **Host Institution:** \_\_\_\_\_,  
and the **Student:** \_\_\_\_\_ **MUID:** \_\_\_\_\_.

Student's last 4 digits of SSN: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
MU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Enrollment Period (MUST circle one and fill in year):**    **Fall** \_\_\_\_\_    **Spring** \_\_\_\_\_    **Summer** \_\_\_\_\_

## Section I – to be completed by Student

By signing below, you understand and agree to the following:

1. Your federal financial aid may only be processed through Marshall University (MU).
2. Be enrolled in an eligible degree program at MU.
3. Be in good academic and social standing at MU.
4. Maintain Satisfactory Academic Progress for Financial Aid according to MU Policy. (Students placed on *Financial Aid Warning* or *Financial Aid Probation* will not be approved for an Agreement).
5. Take course(s) at the host institution that are transferable to MU and applicable to your degree. You must submit a complete copy of the MU Admission Office *Approval of Courses to be taken for Advanced Standing* with this form. Graduate students must submit a letter from Dean. See Instructions.
6. Specify below the course(s) and the reason you need to take the course(s) under this agreement at your Host Institution:

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The Office of SFA has the right to approve or deny your request for a consortium based on the reasons you provide above. Generally, this will be approved if any of the following conditions specified below are met:

- a. Your courses listed above are not available at MU during the term in which you must take the course to stay on track for graduation;
  - b. Due to financial constraints, the student is unable to live on campus during the summer and therefore is limited to taking courses at his or her local college or university; or
  - c. To experience study abroad.
7. Give permission to your Host Institution to release information to MU regarding financial aid eligibility and enrollment.
  8. Notify MU Office of SFA immediately *in writing* if you do not begin attendance in the course(s) approved under this agreement.
  9. Notify MU Office of SFA in writing of any change in enrollment status, including withdrawing from any courses under this agreement within 14 days of the enrollment change.
  10. Repay any financial aid disbursed to you under this agreement, if subsequently it is determined that you do not qualify for the aid because of withdrawal or failure to meet other terms of the agreement.
  11. Request an academic transcript from your Host Institution to be sent to the MU Office of Admissions immediately following completion of the courses approved under this agreement. You are responsible for ensuring that MU receives your official academic transcript. Transcripts handled by the student are not accepted. The Host Institution must send your official academic transcript. Graduate students must have program advisor send email to christian67@marshall.edu indicating an official transcript has been received, the grade earned and for what course(s).
  12. This request for a consortium agreement will not be approved if the courses you take at your Host Institution are courses you previously attempted.
  13. If you were a recipient of financial aid under a consortium agreement previously, and you withdrew or received failing grades for those courses, a subsequent consortium will not be approved.
  14. Take responsibility for payment arrangements at Host Institution.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Student: \_\_\_\_\_ MUID: \_\_\_\_\_

Student's last 4 digits of SSN: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

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**Section II – to be completed by the Host Institution**

The student referenced in Section I of this form is seeking a degree or certificate from Marshall University (MU) and plans to enroll at your institution to complete coursework applicable to his/her MU degree. This Financial Aid Consortium Agreement will allow MU to disburse financial aid based on the student's enrollment at both institutions. MU is responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds and reporting requirements. Once MU fees are paid, MU will refund any excess financial aid to the student. The student is responsible for payment of all charges at the Host Institution.

Please provide the following information:

Name of Host Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Enrollment Period (please circle one and fill in year): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Dates of enrollment: From \_\_\_\_\_ To \_\_\_\_\_

Course (ex: ENG 101)	Number of Hours	Course (ex: ENG 101)	Number of Hours

Total cost of courses student is enrolled in: \$ \_\_\_\_\_

Indicate the type and amounts of any financial this student is receiving at your institution during the period of enrollment specified above: \_\_\_\_\_

Has the student paid his/her bill (please circle one): Yes No

**Under this agreement, the Host Institution agrees to the following:**

1. Will notify Marshall University Office of Student Financial Assistance if the student drops or withdraws from any courses listed above within 21 days of enrollment change.
2. Will not provide federal or state aid funds to the student during the enrollment period specified above.

\_\_\_\_\_  
Host Institution Financial Aid Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax

Student: \_\_\_\_\_ MUID: \_\_\_\_\_

Student's last 4 digits of SSN: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

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**Section III – to be completed by Marshall University Office of Student Financial Assistance**

Under this agreement, Marshall University:

1. Agrees to process the student's financial aid application and provide authorization for payment of Title IV funds and other applicable student aid funds.
2. Certifies that the student meets all eligibility requirements for financial aid eligibility under the terms of this agreement.
3. Makes available student consumer and disclosure information at <http://www.marshall.edu/disclosures/>.
4. MU Registrar Office conducts enrollment reporting to the National Student Loan Data System (NSLDS) through the Clearinghouse on a routine basis. However, if notification of a student's enrollment status change occurs after the semester or term under this agreement passes, the Office of Student Financial Assistance reports the enrollment status change directly to NSLDS.
5. Will provide the student and Host Institution a copy of the fully executed Financial Aid Consortium Agreement by e-mail.

\_\_\_\_\_  
Home Institution Financial Aid Counselor Signature

Katlin Christian-Webb

Printed Name

304-696-3162

Phone Number

\_\_\_\_\_  
Date

christian67@marshall.edu

Email

304-696-3242

Fax

**For Office Use Only:**

SAP		Overall MU GPA	
Previous Agreement	Yes No	Previous Agreement GPA	
MU Hours		MU Cost	
Host Hours		Host Cost	
Academic Level	UG GR	Total of both tuitions	

Approval	Yes No
Denial Reason	
Other Notes	