METRO ALLIANCE
FINANCIAL AID CONSORTIUM AGREEMENT

STUDENT SECTION

Name _____ SSN _____-_____-_____ TechID _____
Last, First

Address _____
Street City State ZIP

Telephone # (___)_____-_____ E-mail Address _____ Term/Year _____/_____

I understand:

I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my registrar/academic adviser for the consortium course(s). Enrollment in extended terms and/or correspondence courses may have an impact on my financial aid. I will attach a copy of my registration at the host (second) institution to this form and I will attach a paid fee statement of the courses(s). The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. I cannot change my enrollment without notifying the Financial Aid Office at my home institution. I will provide an academic transcript from the host institution at my home institution once the term covered by the financial aid consortium agreement has concluded, prior to receiving financial assistance for the following term.

Student Signature _____Date _____/_____/_____

HOST (SECOND) INSTITUTION SECTION

Institution Name _____

Course #	Course Title	# of Credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & Fees Paid? Yes/No

***Term Type:** Semester, quarter, extended term, other. Note: Federal financial aid regulations subject courses that deviate from the institution's standard term to more stringent treatment (e.g., an institution on the semester system offers an extended term course that allows more than six months for completion.)

***Instruction Mode:** On-campus, distance learning, other. On-campus includes face-to-face, lecture/lab, etc. Please see definition of "distance learning" on the MnVU website: http://www.mnvu.org.

Grading Options: A-F, S-N (satisfactory-unsatisfactory), P-NC (pass-no credit), audit, other.

- o The student has registered for the courses above.
- o The student will not receive financial aid at this institution.

Financial Aid
Administrator Name _____ Signature _____Date_____/_____/_____

DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION SECTION

Institution Name _____ Telephone # (_____)_____

Financial Aid Office address: _____

I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement. This institution will accept these courses for the student's degree or certificate program. I have determined that there are no courses being offered by this institution that could be substituted for this (these) course(s) this term.

Registrar/
Academic Advisor Name _____Signature_____Date_____/_____/_____

Office of Scholarships and Financial Aid use only

This Financial Aid Consortium Agreement is: ☐ Approved ☐ Not Approved

Credits at Host Institution _____ Credits at Home Institution _____ Total Credits _____

Financial Aid Office Signature _____ Date _____/_____/_____