CONSORTIUM AGREEMENT

Between Offices of Financial Aid at Minnesota State College Southeast And

(MUST BE A MINNESTOTA STATE COLLEGE OR UNIVERSITY)

Section One (Student):

The parties identified above are hereby entering into this agreement for the purpose of promoting an exchange of information and a clarification of financial aid funding. This agreement is to confirm that Minnesota State College Southeast is the "Home Campus".

This agreement has been requested in order to facilitate financial aid awards and disbursement of funds. I give the "Visiting Campus" authorization to release credit, tuition, grades and other pertinent information to the "Home Campus". I also agree to have the Consortium Agreement completed and returned to the **Home Campus** within **five** weeks of the semester start.

By signing this agreement I verify I have met with my Advisor or the Registrar's Office at Minnesota State College Southeast to certify that the classes I am taking at the Visiting Campus pertain to my major. I understand that I am required to take at least one class at Southeast College during the semester listed below. I understand it is my responsibility to pay the tuition and fees at the visiting school.

Name	SSN	Semester	
Student's Signature		Date	
Section 2 (Visiting Campus): We, the undersigned agree to permit the above	a named student to annull for a	ourse work at the "Viciting Compus" as	
named below. The student is enrolled in an eli		C 1	
financial aid will be awarded and disbursed from			
Minnesota State College Southeast with inform			
"Visiting Campus" also agrees to notify Minn			
withdrawal from the college. The "Visiting C		the "Home Campus" by mail or fax of	
the above student's grades at the completion	of the semester.		
Home Campus:	Visiting Cam	pus:	
Number of Credits:	9	redit:	
Tuition:	Tuition:		
Fees:			
Books:	Books:		
COURSE NAME	COURSE NUMBER	CREDITS	
Home Campus:	Visitin	g Campus:	
Tiome campus.	V 101111	g cumpus.	
Pam Zimmerman			
Minnesota State College Southeast	Finan	Financial Aid Director	
1250 Homer Road			
Winona, MN 55987			
Fax: 507-453-2710	Date		
Pl	lease attach a fee statement		

PLEASE KEEP A COPY FOR YOUR RECORDS AND RETURN ONE COPY