

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 Minnesota State College Southeast 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 named student to enroll for course work at the "Visiting Campus" as named below. The student is enrolled in an eligible program at Minnesota State College Southeast; therefore, financial aid will be awarded and disbursed from the "Home Campus." The "Visiting Campus" agrees to provide Minnesota State College Southeast with information regarding enrollment credits and the cost of tuition and fees. The "Visiting Campus" also agrees to notify Minnesota State College Southeast of any reduction in credit hours or withdrawal from the college. **The "Visiting Campus" also agrees to notify the "Home Campus" by mail or fax of the above student's grades at the completion of the semester.**

Home Campus:

Number of Credits: _____

Tuition: _____

Fees: _____

Books: _____

Visiting Campus:

Number of Credits: _____

Tuition: _____

Fees: _____

Books: _____

COURSE NAME

COURSE NUMBER

CREDITS

Home Campus:

Shannon Sullivan, Financial Aid Director

Minnesota State College Southeast

1250 Homer Road

Winona, MN 55987

Fax: 507-453-2715

Email: Shannon.Sullivan@southeastmn.edu

Visiting Campus:

Financial Aid Director

Date

Please attach a fee statement

PLEASE KEEP A COPY FOR YOUR RECORDS AND RETURN ONE COPY