

Consortium Agreement 2021-2022

STUDENT ID #: _____

For Office Use Only

The Consortium Agreement allows a student to receive financial aid at Saint Paul College for coursework taken at another higher education institution (Host School). The coursework must be applicable to a student's declared major at Saint Paul College. This form must be submitted to the One Stop on or before the final date to add/drop classes for the semester. Forms submitted after the semester deadline will be reviewed, but have a greater likelihood of being denied.

Student ID# _____ Name: _____

Saint Paul College Major: _____ Host School: _____

Check Semester:	<input type="checkbox"/> Fall 2021	<input type="checkbox"/> Spring 2022	<input type="checkbox"/> Summer 2022
Deadline:	August 20	January 7	May 20

After you register for the course(s) at your host school, list the course(s) below:

Course ID	Course Subject & Number	Course Title	Credits	Course Equivalent – office use only

Each box below **MUST** be checked to indicate that you understand the statements:

- Saint Paul College will not pay the host institution directly for any financial aid received for the above courses. I am responsible for the tuition and fees for the course(s) listed above by the Host School's tuition deadline as well as any costs for books and materials.
- I will not receive financial aid at my Host School for the semester I am requesting this consortium agreement.
- Any coursework taken through this agreement will count toward my cumulative completion percentage and grade point average and will be included in measuring Satisfactory Academic Progress (SAP) at Saint Paul College.
- If my Host School is not a Minnesota State Colleges and Universities institution, I will provide a detailed printout of my enrolled courses with this request and supply an official academic transcript once the term covered by this agreement has concluded.
- I will notify the One Stop at Saint Paul College with any changes to my enrollment at my host school or this agreement will be void.

Student Signature: _____ Date: _____

Submit the completed form to the One Stop. Incomplete forms will not be processed.
Approval and denial results will be sent to the student's Saint Paul College email within a week of submission.

CONSORTIUM EVALUATOR:

- I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement and will be accepted for the student's degree program at Saint Paul College.
- The preceding course(s) do not meet the criteria for the Financial Aid Consortium Agreement and are not applicable for the student's degree program at Saint Paul College.

Comments: _____

Print Name: _____ Program/Department: _____

Signature: _____ Date: _____

FINANCIAL AID OFFICE:

Signature: _____ Date: _____