

# Consortium Agreement 2022-2023

STUDENT ID #: \_\_\_\_\_

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.

For Office Use Only

Student ID# \_\_\_\_\_ Name: \_\_\_\_\_

Saint Paul College Major: \_\_\_\_\_ Host School: \_\_\_\_\_

Check Semester:	<input type="checkbox"/> Fall 2022	<input type="checkbox"/> Spring 2023	<input type="checkbox"/> Summer 2023
Deadline:	August 26	January 13	May 26

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: \_\_\_\_\_