

Procedure Checklist & Consortium Agreement

Speak to your advisor to ensure that the courses you wish to take at the “host” institution will transfer to your degree program here. To assist you in completing this process a CHECKLIST of items you must complete before processing the consortium agreement are below:

1. _____ Must have filed a Free Application for Federal Student Aid (FAFSA) for the academic year of the semester that you will using the consortium agreement.

EX. 2017-2018 FAFSA (FALL 2017, WINTER 2018, SPRING 2018, SUMMER 2018)

2018-2019 FAFSA (FALL 2018, WINTER 2019, SPRING 2019, SUMMER 2019)

2. _____ Complete electronically [Off-Campus Undergraduate Course Approval](#) once you receive e-mail confirmation of the approval, a copy must be provided to the MSU Financial Aid Office.
3. _____ Download and print the [Consortium Agreement](#) form.
4. _____ Download and print the [Refund Request Form](#)

Based on the above procedures, it is important to plan enough time for all steps to occur. The form should be provided to MSU well before the first day of disbursement for the requested term. Be sure to plan accordingly! Call the host school in advance and ask them what their procedures are for processing consortium agreements where they are the host school. Be aware that, as a consortium student, your aid payments may be delayed.

If you have any questions about the completion of the consortium agreement, please contact the Office of Financial Aid at 443-885-3170. If you have questions about the disbursement of your funds please contact the Bursars office at 443-885-3108



MORGAN STATE UNIVERSITY CONSORTIUM AGREEMENT

Instructions: Please complete Section I of this form and forward Section II to the Host Institution for completion. The complete form along with a copy of your semester schedule from host institution must be submitted for processing to the MSU Office of Financial Aid.

SECTION I: TO BE COMPLETED BY THE STUDENT

Name: _____ MSU ID#: _____

Address: _____ Host ID#: _____

City: _____ State: _____ Zip: _____ Phone: _____

By SIGNING THIS CONSORTIUM AGREEMENT, I (STUDENT) AGREE TO:

- Complete the Permission to Take a Course Off-campus form to confirm permission was granted by MSU to take course(s) at the Host Institution.
- Take responsibility for payment arrangements at the Host Institution
- Have all my financial aid processed only at MSU
- Authorize the Host Institution to release any required information to finalize my financial aid at MSU
- Submit an official transcript to my academic advisor confirming completion of courses for the term attended within 30 days of my last day of enrollment at my Host Institution.

Students Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY THE HOST (VISITING) INSTITUTION

The student listed above is seeking a degree or certificate from Morgan State University (MSU) and plans to enroll at the Host Institution listed below. This Consortium Agreement will allow MSU to disburse financial aid based on the student's combined enrollment at both institutions. Once MSU fees are paid, MSU will refund any excess financial aid to the student.

The student is responsible for payment of all charges at the Host Institution.

Name of Host Institution _____	Tuition: \$ _____
Enrollment Period: Fall: _____ Winter: _____ Spring: _____ Summer: _____	Fees: \$ _____
Dates of Enrollment: From: _____ to _____	Transportation: \$ _____
Number of Credits Enrolled: _____	Books & supplies: \$ _____
	Room & Board: \$ _____
	Total COA: \$ _____

By signature and completion of this form the Host Institution agrees to certify enrollment of the student listed on this page and also as agrees to notify the Home Institution of any changes to said enrollment.

Authorized Signature /Date

Printed Name/Title

(Area Code) Telephone Number

E-mail Address

Please fax this form to Morgan State University 443-885-8359/8272
Morgan State University Financial Aid Office. 1700 East Cold Spring Lane, Baltimore MD 21251



MORGAN STATE UNIVERSITY
OFFICE OF THE BURSAR
SPECIAL REFUND REQUEST FORM

Name: _____
(Last Name) (First Name) (Middle Initial)

Account Number: _____ **SSN:** _____

Telephone: Home _____ Cell: (Optional) _____

Current Address: _____

City _____ **State** _____ **Zip Code** _____

Amount Requested: \$ _____

Signature: _____

Date Of Submission: _____

Note: THE REQUESTER'S SOCIAL SECURITY NUMBER IS NEEDED FOR THE PROCESSING OF THIS FORM. PLEASE ALLOW 3-4 WEEKS FOR PROCESSING.

FOR STAFF USE ONLY

FAO

- ☐ Approved
☐ Not approved

Signature: _____

Date: _____

Bursar

Codes:

- ☐ 6010 Internal REF
☐ 6400 External REF
☐ Other _____

Amount due to student: \$ _____

Processed by: _____

Bursar's approved: _____

Date: _____