CONSORTIUM AGREEMENT FOR ADMINISTRATION OF FINANCIAL AID

The agreement, when fully complete, will allow the Home Institution to process your financial aid based on the combined enrollment of the Home and Host Institution for the specified semester. The institution that processes and pays the student financial aid is the Home Institution. The institution that does not process or pay the student financial aid is the Host Institution. The Home Institution is typically the institution who you will be receiving your degree from.

You must be a degree or certificate-seeking student with the Home Institution to complete this agreement. Any courses must transfer towards your degree. If you are in “0” hours at the Home institution, you must obtain permission from the Home institution prior to completing a consortium agreement. If you will be enrolled in 12 hours or more at your home institution, contact your home school prior to completing this agreement. Do not submit your consortium agreement until you are enrolled at both the Host and Home Institution.

STUDENTS RIGHTS AND RESPONSIBILITIES

- Complete a FAFSA.
- Agreement must be completed each semester.
- You are responsible for your bill at both the home and host institution. DO NOT ignore any bills you receive from either the Host or Home institution.
- Notify both institutions of dropped classes within 2 weeks.
- A transcript must be sent at the end of the semester.
- Pay attention to the processing deadlines.
- Students in a consortium agreement need to return the agreement to the host institution.
- All federal aid recipients must maintain satisfactory academic progress for financial aid in accordance with the policy of the Home Institution.
- The Home institution may verify enrollment with the Host institution during the semester. Your financial aid may not be released until your enrollment is confirmed. This could delay the processing of refund checks.
- Do not ignore any correspondence from your lender. Contact them immediately upon receipt of any discrepant information concerning enrollment verification.

Consortium agreements are only recognized for the purposes of federal aid. State or Institutional aid may require full-time enrollment at your Home Institution in order to receive the funds.

** To avoid a delay in receiving your Financial Aid, please submit the consortium agreement by no later than Friday of the first week of class **
# PARTICIPATING SCHOOLS

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Contact Name</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
<td><strong>SOUTHEAST MISSOURI STATE UNIVERSITY</strong></td>
<td>Southeast Missouri State University, One University Plaza MS 3740, Cape Girardeau, MO 63701</td>
<td>Krissy Loenneke</td>
<td>573.651.2253</td>
<td>573.651.5006</td>
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<tr>
<td><strong>MINERAL AREA COLLEGE</strong></td>
<td>Mineral Area College, P.O. Box 1000, Park Hills, MO 63601</td>
<td>Denise Sebastian</td>
<td>573.518.2249</td>
<td>573.518.2305</td>
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<tr>
<td></td>
<td></td>
<td>Canna Wisdom</td>
<td>573.518.2232</td>
<td>573.518.2305</td>
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<td><strong>THREE RIVERS COLLEGE</strong></td>
<td>Three Rivers College, 2080 Three Rivers Blvd, Poplar Bluff, MO 63901</td>
<td>Danielle McFadden</td>
<td>573.840.9606</td>
<td>573.840.9604</td>
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<tr>
<td><strong>MISSOURI SOUTHERN</strong></td>
<td>Missouri Southern, 3950 E. Newman Road, Joplin, MO 64801-1595</td>
<td>Brenda Blalock</td>
<td>417.625.9584</td>
<td>417.659.4474</td>
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<tr>
<td><strong>JEFFERSON COMMUNITY COLLEGE</strong></td>
<td>Jefferson Community College, 1000 Viking Drive, Hillsboro, MO 63050</td>
<td>Sharon Nichols</td>
<td>636.481.3212</td>
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</table>
CONSORTIUM AGREEMENT FOR ADMINISTRATION OF FINANCIAL AID

STUDENT INFORMATION

Enrollment Period: [ ] FALL [ ] SPRING [ ] SUMMER
Student Name: ___________________________ Phone Number: ___________________________
SSN: ___________________________ Aid Year: ___________________________

HOME INSTITUTION (Grants your degree or certificate and processes your Financial Aid)

Student ID #: ___________________________ Email Address: ___________________________ Hours Enrolled: ___________________________
[ ] Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701 [ ] Other: ___________________________
[ ] Mineral Area Community College, PO Box 1000, Park Hills, MO 63601 ___________________________
[ ] Three Rivers College, 2080 Three Rivers Blvd., Poplar Bluff, MO 63901 ___________________________

HOST INSTITUTION (Institution that will NOT process your Financial Aid)

Student ID #: ___________________________ Email Address: ___________________________
[ ] Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701 [ ] Other: ___________________________
[ ] Mineral Area Community College, PO Box 1000, Park Hills, MO 63601 ___________________________
[ ] Three Rivers College, 2080 Three Rivers Blvd., Poplar Bluff, MO 63901 ___________________________
[ ] Cape College Center, 1080 Silver Springs Road, Cape Girardeau, MO 63703 ___________________________
[ ] Jefferson Community College, 1000 Viking Drive, Hillsboro, MO 63050 ___________________________

SCHEDULE AT HOST INSTITUTION

<table>
<thead>
<tr>
<th>Course/Section#</th>
<th>Course Title</th>
<th>Course Dates</th>
<th>Sem. Hours</th>
<th>Total Tuition</th>
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I agree: 1) That I have read the consortium agreement and agree to all policies and requirements for the indicated period of enrollment at both the Host Institution and the Home Institution; 2) I understand that I am responsible for requesting a transcript. A FINANCIAL AID HOLD WILL BE PLACED ON MY ACCOUNT FOR SUBSEQUENT SEMESTERS UNTIL THE TRANSCRIPT IS RECEIVED BY THE HOME INSTITUTION; 3) If there are any associated charges with this transcript request, I understand that I am responsible for those charges.

SIGNATURES

__________________________________________________________________________
Student Signature Date

Host institution – I certify that the student named above is currently enrolled in the listed courses at the Host Institution. I agree to contact the Home Institution if there is any change in enrollment during the course of the indicated period of enrollment within 2 weeks.

__________________________________________________________________________
Host Institution Registrar Signature/Date

__________________________________________________________________________
Host Institution Financial Aid Director Signature/Date

__________________________________________________________________________
Home Institution Registrar Signature/Date

__________________________________________________________________________
Home Institution Financial Aid Director Signature/Date

For Office Use Only: Home: ______ Inst: ______ Other Host: ______ Inst: ______ Other

One University Plaza MS 3740 / Cape Girardeau, MO 63701
sfs@semo.edu / T 573.651.2253 / F 573.651.5006