
/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 ****



PO Box 1000
Park Hills, MO 63601



One University Plaza
Cape Girardeau, MO 63701



2080 Three Rivers Blvd
Poplar Bluff, MO 63901

/PARTICIPATING SCHOOLS

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

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STUDENT INFORMATION	
Enrollment Period:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> 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: _____
<input type="checkbox"/> Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mineral Area Community College, PO Box 1000, Park Hills, MO 63601	_____
<input type="checkbox"/> 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: _____
<input type="checkbox"/> Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mineral Area Community College, PO Box 1000, Park Hills, MO 63601	_____
<input type="checkbox"/> Three Rivers College, 2080 Three Rivers Blvd., Poplar Bluff, MO 63901	_____
<input type="checkbox"/> Cape College Center, 1080 Silver Springs Road, Cape Girardeau, MO 63703	
<input type="checkbox"/> Jefferson Community College, 1000 Viking Drive, Hillsboro, MO 63050	

SCHEDULE AT HOST INSTITUTION				
Course/Section#	Course Title	Course Dates	Sem. Hours	Total Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
<p>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.</p>	
_____ 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
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