

# Montana State University Great Falls- College of Technology

## Student Application for Consortium Agreement

A student requesting Title IV financial aid from Montana State University Great Falls-College of Technology for classes taken at both Montana State University Great Falls-College of Technology and another institution must complete this consortium agreement form. **For a course to be eligible for Title IV financial aid, it must be accepted by Montana State University Great Falls-College of Technology towards satisfying the student's degree requirements.** Completing this application does not guarantee that the agreement will occur, one or both of the institutions may refuse to participate.

### Student Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other institution you will be taking classes?(Host Institution) \_\_\_\_\_

#### Classes to be taken at the Host Institution:

<u>Class Number</u>	<u>Class Name</u>	<u>Credits</u>
_____	_____	_____
_____	_____	_____

Program of Study? \_\_\_\_\_

**You must read and sign the reverse side of this form before it will be accepted for consideration.**

### Host Registrar Certification

I certify that the student listed above has pre/registered for the classes listed on this application. I understand that Montana State University Great Falls-College of Technology may periodically verify enrollment status for this student and that this agreement includes the student's written authorization for Montana State University Great Falls-College of Technology to do so. Our (circle one)  
Fall/Spring/Summer term begins on \_\_\_\_\_ and ends on \_\_\_\_\_.

\_\_\_\_\_  
Registrar's Signature Printed Name and Title Date

### Host Financial Aid Office Certification

I certify that we are not paying the above named student any Title IV financial aid for the period covered above. For courses listed, this student will pay:

Tuition and fees \_\_\_\_\_ + Estimated Books \_\_\_\_\_ = Total Costs \_\_\_\_\_

To my knowledge, the student will be receiving \$ \_\_\_\_\_ in non-Title IV aid.

\_\_\_\_\_  
Financial Aid Signature Printed Name and Title Date

## Student Certification

1. I understand that either Host or Home Institution may decline to participate in this consortium agreement.
2. I understand that I must be certificate-seeking or degree-seeking at Montana State University Great Falls-College of Technology and that courses I am taking at the Host Institution must be transferable and **REQUIRED** for my program of study at Montana State University Great Falls-College of Technology.
3. I understand that I must submit proof of my registration at the Host school before any Title IV financial aid will be disbursed to me from Montana State University Great Falls-College of Technology.
4. I understand that it is my responsibility to pay for costs at the Host school, including tuition, fees and books, until I am disbursed Title IV financial aid from Montana State University Great Falls-College of Technology.
5. I understand that it is my responsibility to make arrangements to transfer credits earned at the Host Institution if credits are not transferred to Montana State University Great Falls-College of Technology. I understand that financial aid for future terms will not be released if transfer credits have not been received.
6. I understand that I will be required to repay financial aid for courses at the Host Institution if credits are not transferred to Montana State University Great Falls-College of Technology. I understand that financial aid for future terms will not be released if transfer credits have not been received.
7. I understand that all transfer credits under this agreement will be considered when determining my compliance with the Montana State University Great Falls-College of Technology Satisfactory Academic Progress Requirements.
8. I understand repayment of financial aid, including loans, disbursed by Montana State University Great Falls-College of Technology will be required if I (1) drop during the refund period, (2) withdraw (officially or unofficially), or (3) credits are not transferred to Montana State University Great Falls-College of Technology.
9. By my signature below, I authorize the Host Institution listed on the front of this agreement to release enrollment, financial, and academic information to Montana State University Great Falls-College of Technology Office of Financial Aid.

I certify that I understand and agree to comply with all terms and conditions stated above and that the information provided on this form is true and complete to the best of my knowledge.

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Student's Signature

Date

**Instructions:** Once the front of this form is completed and you have signed the above certification, send this form To: Office of Financial Aid, Montana State University Great Falls-College of Technology, 2100 16<sup>th</sup> Avenue South, Great Falls, MT 59405.

## Home Registrar

I certify that the courses listed on the front of this consortium agreement are transferable to Montana State University Great Falls-College of Technology and **REQUIRED** for this student's certificate/degree at Montana State University Great Falls-College of Technology.

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Registrar's Signature

Printed Name and Title

Date