METRO ALLIANCE FINANCIAL AID CONSORTIUM AGREEMENT

STUDENT SECTION					
Name		SSN	Techl	D	
Last,	First				
Address					
Street		City	State	ZIP	
Telephone # ()	E-mail Add	ress	Term/\	/ear /	

I understand:

I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my registrar/academic adviser for the consortium course(s). Enrollment in extended terms and/or correspondence courses may have an impact on my financial aid. I will attach a copy of my registration at the host (second) institution to this form and I will attach a paid fee statement of the courses(s). The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. I cannot change my enrollment without notifying the Financial Aid Office at my home institution. I will provide an academic transcript from the host institution at my home institution once the term covered by the financial aid consortium agreement has concluded, prior to receiving financial assistance for the following term.

Student Signature

_Date ____/ ___/____

HOST (SECOND) INSTITUTION SECTION

Institution Name _____

Course #	Course Title	# of Credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & Fees Paid? Yes/No

*Term Type: Semester, quarter, extended term, other. Note: Federal financial aid regulations subject courses that deviate from the institution's standard term to more stringent treatment (e.g., an institution on the semester system offers an extended term course that allows more than six months for completion.)

*Instruction Mode: On-campus, distance learning, other. On-campus includes face-to-face, lecture/lab, etc. Please see definition of "distance learning" on the MnVU website: <u>http://www.mnvu.org</u>.

Grading Options: A-F, S-N (satisfactory-unsatisfactory), P-NC (pass-no credit), audit, other.

- The student has registered for the courses above.
- The student will <u>not</u> receive financial aid at this institution.

Financial Aid					
Administrator Name	Signature		Date	/	/
DEGREE OR CERTIFICATE-GRAI	NTING (HOME) INSTITUTION SECTION				
Institution Name	Tele	phone # ()		
Financial Aid Office address:					
	(s) be approved for the Financial Aid Consortiu ificate program. I have determined that there a rse(s) this term.				
Registrar/					
Academic Advisor Name	Signature		Date	/	/
(Office of Scholarships and Financial Aid	d use only			
This Financial Aid Consortium Agre	ement is: Approved Not Approved				
Credits at Host Institution	Credits at Home Institution T	otal Credits _			
Financial Aid Office Signature	Date	e/	<u> </u>		