



PO Box 1000  
Park Hills MO 63601



One University Plaza  
Cape Girardeau MO 63701



2080 Three Rivers Blvd  
Poplar Bluff MO 63901

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## Consortium Agreement for Administration of Financial Aid

2016-2017

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 "O" 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.

## DEADLINES FOR FINANCIAL AID\*

(\*These dates are tentative and are subject to change.)

	<b>Southeast Missouri State University**</b>	<b>Three Rivers College</b>	<b>Mineral Area Community College</b>
<b>Fall</b>	August 26	No deadline	No deadline
<b>Spring</b>	January 20	No deadline	No deadline
<b>Summer</b>	June 16	No deadline	No deadline

\*\*Please note that the deadline dates at Southeast Missouri State University are strictly enforced. Late consortium agreements *will not* be processed.

## PARTICIPATING SCHOOLS

(This list is not all-inclusive. Contact SFS for more information.)

<b>Institution</b>	<b>Financial Aid/ Billing Office Contact</b>	<b>Phone Number</b>	<b>Fax Number</b>
Southeast Missouri State University One University Plaza MS3740 Cape Girardeau, MO 63701	Cassandra Hicks	(573) 651-2253	(573) 986-6431
Mineral Area College P. O. Box 1000 Park Hills, MO 63601	Denise Sebastian  Canna Wisdom	(573) 518-2249  style="color: red;">(573) 518-2232	(573) 518-2305
Three Rivers College 2080 Three Rivers Blvd. Poplar Bluff, MO 63901	Danielle McFadden	(573) 840-9606	(573) 840-9604
Missouri State University – West Plains 128 Garfield Avenue West Plains, MO 65775	Donna Bassham	(417) 255-7242	(417) 255-7237
Missouri Southern 3950 E Newman Road Joplin, MO 64801-1595	Brenda Blalock	(417) 625-9584	(417) 659-4474

*Experience Southeast...Experience Success*

# CONSORTIUM AGREEMENT FOR ADMINISTRATION OF FINANCIAL AID

**Enrollment Period:**     FALL                                       SPRING                                       SUMMER

Name of Student \_\_\_\_\_ Phone # \_\_\_\_\_ SSN \_\_\_\_\_

**HOME INSTITUTION:** Institution that will grant your degree or certificate and process your Financial Aid.

- Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701     Other: \_\_\_\_\_
- Three Rivers College, 2080 Three Rivers, Blvd., Poplar Bluff, MO 63901    \_\_\_\_\_
- Mineral Area Community College, PO Box 1000, Park Hills, MO 63601    \_\_\_\_\_

Student ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Hours Enrolled: \_\_\_\_\_

**HOST INSTITUTION:** Institution that will NOT process your Financial Aid.

- Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701     Other: \_\_\_\_\_
- Cape College Center, 1080 Silver Springs Road, Cape Girardeau, MO 63703    \_\_\_\_\_
- Three Rivers College, 2080 Three Rivers, Blvd., Poplar Bluff, MO 63901    \_\_\_\_\_
- Mineral Area Community College, PO Box 1000, Park Hills, MO 63601    \_\_\_\_\_
- Missouri State University @ West Plains, 128 Garfield Ave., West Plains, MO 65775    \_\_\_\_\_

Student ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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; 3) If there are any associated charges with this transcript request, I understand that I am responsible for those charges.

**Student's Signature/Date** \_\_\_\_\_

**Host Institution--**I certify that the student named above is currently enrolled in the listed courses at the Host Institution. Further, 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 \_\_\_\_\_