

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634 EMAIL: FINANCIALAID@CMICH.EDU

EMAIL: FINANCIALAID@CMICH.EDU WEBSITE: WWW.FINANCIALAID.CMICH.EDU

2024-2025 CONSORTIUM AGREEMENT

What is a consortium agreement?

A consortium agreement is a binding contract between eligible schools which enables you to receive financial aid from Central Michigan University (CMU) while being enrolled as a guest student at another school. **Central Michigan University is considered your home school and the school you are visiting is referred to as the host school.**

		TUDENT		
Student Name	(please print)	Campus ID Number	Phone Number	
Permanent Ho	me Address			
Email Address	<u> </u>			
	d agree: nly be eligible for finan	cial aid for the courses appro accepted by CMU to fulfill gra	ved by my CMU academic advisor listed in duation requirements.	
		the host school's policies reg ess (SAP) and all other eligib	garding refunds, impact of drops and withdraws, ility requirements.	
award	is based on enrollmer		of my courses. I understand that my financial aid end of the semester. I understand that or both institutions.	
	rstand that SAP will be st school transcript to		fully complete my courses or if I do not provide	
I understand institutional tuition-based funds cannot be applied to coursework taken at the host institution.				
I understand I must be enrolled in at least 6 UG credit hours to be eligible for federal student loans.				
school			on CMU's disbursement schedule. If the host disbursement, it is my responsibility to pay them	
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2024-2025 CONSORTIUM AGREEMENT (CONTINUED)

II. TO BE COMPLETED BY THE STUDENT'S ACAI	DEMIC ADVISOR OR DEPARTMENT CHAIRPERSON
Advisor Name	Phone
Department Name	
By signing below, I certify that the student named above	e has been approved to enroll at
(ho	ost school) for the following courses:
Course:	Course:
Course:	Course:
Course:	Course:
I further certify that the credit hours earned in this progran	n with a C- or better will fulfill degree requirements at CMU.
Advisor/Chair Signature	Date
III. TO BE COMPLETED BY THE HOST INSTITUTIO	N'S FINANCIAL AID OFFICE
Institution Name:	
Enrollment Period: From (Date):	To (Date):
Number of credits in which the student is currently enrolled to the cost of Attendance for enrollment period stated above:	blled:
Tuition & Fees:	
Room and Board:	
Transportation:	
Miscellaneous:	
TOTAL:	
As a representative of the host institution, you agree to: Confirm that the student is taking courses that meet Notify CMU immediately if the student withdraws or of the will make available applicable consumer information	drops any hours reported in this agreement.
Financial Aid Officer Signature	Printed Name
Date	Phone



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IV. TO BE COMPLETED BY THE CMU OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

The student listed above is a degree-seeking student at Central Michigan University. Under this agreement, the CMU Office of Scholarships and Financial Aid:

- Will process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium semester.
- Will make available applicable consumer information required under Title IV.
- Certifies that the student is making Satisfactory Academic Progress (SAP) toward the completion of his or her degree at Central Michigan University.
- Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
- Will calculate returns of Title IV, when appropriate.
- Will maintain Title IV recordkeeping and reporting requirements.

CMU Financial Aid Director Signature	Printed Name
Date	Phone