University Financial Aid and Scholarships
MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

Consortium Agreement for NMSU and Host Institution

Host Institution:
Title IV School Code:

Student: _____ Aggie ID: _____
LAST FIRST MI

Email: _____ Phone: _____

Instructions:

1. Read and comply with all terms and conditions.
2. This form must be completed for each semester that the student wishes to receive financial aid under the Consortium Agreement and the student is responsible for submitting a completed form with all required signatures.
3. Submit a copy of your class schedule from the Host Institution along with this form.
4. Submit a copy of your billing statement from the Host Institution along with this form.
5. In-school deferments, NMSU will ONLY issue in-school deferments for NMSU courses.

Terms and Conditions:

I will read and abide by the following terms and conditions:

1. I must be enrolled at least half-time (6 undergraduate credit hours or 5 graduate credit hours) in a degree program at NMSU **or** another Title IV qualifying college or university.
2. I must be meeting Satisfactory Academic Progress.
3. The courses completed at the Host Institution must be transferable towards my degree program at NMSU.
4. The courses approved under the Consortium Agreement will be counted as part of the Financial Aid Office's Satisfactory Academic Progress standards.
5. I cannot receive financial aid at the Host Institution.
6. I am responsible for paying the tuition at the Host Institution. NMSU will not send payments on my behalf.
7. I must notify my NMSU Financial Aid Advisor if there is a change of enrollment at the Host Institution.
8. If I withdraw, NMSU's policies for Return of Title IV will apply.
9. I must submit a copy of the Official Transcripts from the Host Institution to the NMSU Admission's Office within 15 days of the last day of classes.
10. If the Financial Aid Office is unable to verify that I attended the course(s) at the Host Institution, the financial aid that was paid for the course(s) will be billed back to my NMSU student account.
11. The credit hours earned from the Host Institution must be recorded on my NMSU academic record before financial aid for the next term of enrollment is paid into my NMSU student account.

By signing this agreement, you are stating that you are currently meeting all the eligibility requirements and agree to the terms of the Consortium Agreement. If you do not meet the terms of the agreement, you understand that the financial aid paid into your student account will be billed back for the term and may cause you to lose future eligibility of financial aid.

Student Signature Date	Director, NMSU University Financial Aid Date

Aggie ID: _____ Student Name: _____

Host Institution

To be completed by the Registrar of the Host Institution:

Enrollment Period at Institution:

Term	Instruction start date: MM/DD/YY	Last Day of Classes: MM/DD/YY

Enrollment Verification at Host Institution:

Term	Course No.	Course Title	No. weeks of instruction time	No. of credit hours
1.				
2.				
3.				
4.				

I, as the Registrar, certify that the student is enrolled in the course(s) listed above as evidenced by the attached copy of a registration invoice.

School

Registrar/Signature of Host Institution's Official

School Phone Number

Name (Print)

To be completed by the Financial Aid Office at the Host Institution:

I, as the Financial Aid Administrator, certify that the student is not receiving financial assistance for the course(s) listed above.

School

Signature of Financial Aid Administrator at Host Institution

School Phone Number

Name (Print)

Title

Date

Aggie ID: _____ Student Name: _____

NMSU Academic Advisor

Note to student: The NMSU academic advisor will be unable to complete this section of the form if you are not registered for courses at the Host Institution. You must have a copy of your course schedule from the Host School to have this section completed.

This student is an ☐ Undergraduate in good standing. ☐ Graduate student in good standing.

NMSU Equivalent Course(s):

Term	Course No.	Course Title	No. of credit hours
1.			
2.			
3.			
4.			

I certify that this student has permission to take the enrolled courses from the Host Institution and the courses are required as part of their degree program here at NMSU. I have reviewed the course(s) that are part of this agreement, and the courses will be accepted as transfer credit hours at NMSU.

NMSU Academic Advisor Signature	**Printed Name and Date**
NMSU Academic Department Head	**Printed Name and Date**

Please return this form to the Financial Aid Office at your primary campus.