



# St. Cloud State University Consortium Agreement



A Consortium Agreement allows a student to receive financial aid at St. Cloud State University (SCSU) for coursework taken at another institution (visited institution) if the coursework is applicable to his/her specific degree program of study at SCSU. Any coursework approved through this agreement will be treated as "Resident Credit". It will count toward your SCSU completion rate and SCSU GPA. This form must be completed and submitted to the SCSU Office of Records and Registration by the last day to withdraw for the requested term to be considered for approval.

Indicate the visited institution that you plan to attend:

- |  |  |
|--|--|
| <input type="checkbox"/> Alexandria Technical College                  | <input type="checkbox"/> NE Hibbing Community College                  |
| <input type="checkbox"/> Anoka-Ramsey Community College                | <input type="checkbox"/> NE Itasca Community College                   |
| <input type="checkbox"/> Anoka Technical College                       | <input type="checkbox"/> NE Mesabi Range Community & Technical College |
| <input type="checkbox"/> Bemidji State University                      | <input type="checkbox"/> NE Rainy River Community College              |
| <input type="checkbox"/> Central Lakes College                         | <input type="checkbox"/> NE Vermilion Community College                |
| <input type="checkbox"/> Century College                               | <input type="checkbox"/> Normandale Community College                  |
| <input type="checkbox"/> Dakota County Technical College               | <input type="checkbox"/> North Hennepin Community College              |
| <input type="checkbox"/> Fond du Lac Tribal & Community College        | <input type="checkbox"/> Northland Community & Technical College       |
| <input type="checkbox"/> Hennepin Technical College                    | <input type="checkbox"/> Northwest Technical College                   |
| <input type="checkbox"/> Inver Hills Community College                 | <input type="checkbox"/> Pine Technical College                        |
| <input type="checkbox"/> Lake Superior College                         | <input type="checkbox"/> Ridgewater College                            |
| <input type="checkbox"/> Metropolitan State University                 | <input type="checkbox"/> Riverland Community College                   |
| <input type="checkbox"/> Minneapolis Community and Technical College   | <input type="checkbox"/> Rochester Community & Technical College       |
| <input type="checkbox"/> Minnesota State College - Southeast Technical | <input type="checkbox"/> Saint Paul College                            |
| <input type="checkbox"/> Minnesota State Community & Technical College | <input type="checkbox"/> St. Cloud Technical & Community College       |
| <input type="checkbox"/> Minnesota State University, Mankato           | <input type="checkbox"/> South Central College                         |
| <input type="checkbox"/> Minnesota State University, Moorhead          | <input type="checkbox"/> Southwest Minnesota State University          |
| <input type="checkbox"/> Minnesota West Community & Technical College  | <input type="checkbox"/> Winona State University                       |

Semester for Consortium Agreement:  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

List the course(s) that you plan to take at the visited institution for this term:

Course Number (ex: ACCT 1215)	Course Title	Course Level (U or G)*	Number of Credits	SCSU Equivalent Course (ex: ACCT 291)**

\*Course Level: "U" if an undergraduate course; "G" if a graduate course

\*\*Course Equivalencies can be found using the **u.select** website at [www.transfer.org](http://www.transfer.org).

### Academic Advisor:

These courses are applicable to this student's degree or certificate. I recommend the course(s) be approved for the Financial Aid Consortium Agreement.

SCSU Academic Advisor printed name: \_\_\_\_\_

Date: \_\_\_\_\_

SCSU Academic Advisor signature: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### Student:

I understand that the course(s) listed above are applicable to my degree here at SCSU and that they will count toward my completion percent and GPA here at SCSU. I also understand that I will be responsible for all tuition and fees charged at the visited institution and SCSU will not automatically pay those charges.

Student printed name: \_\_\_\_\_

SCSU Student ID: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**When complete, submit this form to: SCSU Office of Records and Registration, AS 118. Once submitted to the SCSU Office of Records and Registration, please allow 5-7 business days for processing.**