



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. A student must be eligible for aid and the amount of aid eligibility must change when counting the consortium course(s) for the agreement to be considered. **A minimum cumulative SCSU GPA of 2.0 is required for a consortium agreement to be considered.** Not all programs or courses are eligible for financial aid through a consortium agreement.

**Deadline:**

All sections of the Consortium Agreement must be complete when submitted to the SCSU Financial Aid Office. It must be received by the Financial Aid Office by the end of the free drop period at SCSU for the term in which you are requesting the consortium.

In order for a Consortium Agreement to be approved, a student must:

- ✓ Have a cumulative SCSU GPA of 2.0 or higher.
- ✓ Have applied for financial aid at SCSU for the period that a Consortium Agreement is being requested.
- ✓ Be in compliance with SCSU's Satisfactory Academic Progress Policy.
- ✓ Take coursework applicable to his/her specific degree program of study at SCSU.
- ✓ Show a change in financial aid award eligibility by having the consortium course(s) approved.
- ✓ Submit the completed Consortium Agreement form to the SCSU Financial Aid Office by the deadline listed above.

Process:

1. **Section A:** Student completes this section of the Consortium Agreement and attaches a copy of course registration for courses at the visited institution to this form.
2. **Section B:** Student meets with an academic advisor in the Advising Center (Centennial Hall 366), Multicultural Student Services (Centennial Hall 221), or Pre-Business Advising (Centennial Hall 229). Graduate students meet with an academic advisor for his/her program of study. The advisor will determine if the course(s) are applicable to the degree program of study at SCSU. If the course is applicable, the advisor will attach a copy of the Transferology Lab Audit to the consortium form and give back to the student to submit the form to the visited institution's Financial Aid Office.
3. **Section C:** Student submits the form to the visited institution's Financial Aid Office. That office completes this section and mails the signed Consortium Agreement to the SCSU Financial Aid Office.
4. SCSU Financial Aid Office determines if the agreement is necessary for aid purposes. If it is, the SCSU Financial Aid Office approves the request for a Consortium Agreement and forwards it to the Office of Records and Registration for final approval and coding. If the coursework does not impact the student's eligibility for aid, it will be denied. In this case the student will be notified of the denial and the reason for the denial; the process stops here. If denied by the Financial Aid Office, a student can submit an official copy of his/her transcript from the visited institution once the grade for the course is posted to have the course evaluated for transfer.
5. Once approved by the SCSU Financial Aid Office, the SCSU Office of Records and Registration reviews it to make sure that the coursework is applicable to the student's specific degree program of study at SCSU. If it is, they then create the applicable course(s) listed in the agreement as an SCSU course. The course will appear on the Transcript as CONS. If the Office of Records and Registration determines that the coursework is not applicable to the student's degree, the request will be denied. A denial from the Office of Records and Registration means that SCSU will not consider the coursework in determining financial aid eligibility (even if it was approved by the Financial Aid Office) and it will have no impact on the student's degree program at SCSU.
6. If approved, aid will apply to the student's SCSU account in accordance with SCSU's financial aid disbursement process. Any aid exceeding the SCSU bill will be sent either by direct deposit or paper check to the student. The student is responsible for paying the visited school.
7. At the end of the semester, the student requests an official copy of his/her academic transcript from the visited institution to be sent to the SCSU Office of Records and Registration. **Failure to obtain an official transcript for the course(s) listed in this agreement will result in a grade of "F" at the end of the subsequent semester and may affect the ability to receive future financial aid at SCSU.**



**A. STUDENT INFORMATION, COURSE(S), ACKNOWLEDGEMENT, AND SIGNATURE**

Home School: St. Cloud State University Visited Institution: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First MI

Social Security # \_\_\_\_\_ SCSU Student ID # \_\_\_\_\_

Local Address: \_\_\_\_\_  
City State ZIP Code

Daytime Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Degree Pursuing:  First Undergraduate  Second Undergraduate  Graduate

Program of Study/Major: \_\_\_\_\_ Minor: \_\_\_\_\_

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	Term Type**	Instruction Mode***	SCSU Equivalent Course (ex: ACCT 291)****

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

\*\*Term Type: Semester, Quarter, Other

\*\*\*Instruction mode: On-campus, Online, Other

\*\*\*\*Course Equivalencies can be found using the **Transferology Lab** website at [www.transferologylab.com](http://www.transferologylab.com)

I understand the following:

- I have read and understand the guidelines for having a Consortium Agreement approved.
- This Consortium Agreement is for one semester.
- I cannot receive financial aid at two schools during the same semester.
- **I am responsible to pay tuition and fees to the visited institution in accordance with their payment policy.**
- The consortium course(s), if approved, will be included as resident credits in monitoring Satisfactory Academic Progress at SCSU.
- I am aware that I cannot change my enrollment without notifying the SCSU Financial Aid Office.
- I will provide an official academic transcript from the visited institution to the SCSU Office of Records and Registration once the term covered by this Consortium Agreement has concluded.
- **I have attached a copy of my registration at the visited institution to this form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. SCSU ADVISING CENTER SIGNATURE**

SCSU Academic Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

\*A copy of the Transferology Lab Audit must be attached to this form.

**C. VISITED INSTITUTION FINANCIAL AID SECTION**

Financial Aid will not be provided at \_\_\_\_\_ for the term indicated.

Visited Institution Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visited Institution Financial Aid Printed Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Comments: \_\_\_\_\_

Please complete and return this form to:  
 Financial Aid Office  
 St. Cloud State University  
 720 Fourth Avenue South, St. Cloud, MN 56301  
 Phone: (320) 308-2047 Toll Free: 1-877-654-7278  
 Fax: (320) 308-5424

**ST. CLOUD STATE UNIVERSITY: FOR OFFICE USE ONLY**

**Financial Aid:** This Consortium Agreement is: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved  
 Credits at Visited Institution: \_\_\_\_\_ Credits at SCSU: \_\_\_\_\_ Total Credits: \_\_\_\_\_

SCSU Financial Aid Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar** (Office of Records and Registration): This Consortium Agreement is: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

SCSU Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_