

CONSORTIUM AGREEMENT

Between Offices of Financial Aid At
Minnesota State College-Southeast
And

Section One (Student):

The parties identified above are hereby entering into this agreement for the purpose of promoting an exchange of information and a clarification of financial aid funding. This agreement is to confirm that Minnesota State College Southeast is the "Home Campus".

This agreement has been requested in order to facilitate financial aid awards and disbursement of funds. I give the "Visiting Campus" authorization to release credit, tuition, grades and other pertinent information to the "Home Campus". I also agree to have the Consortium Agreement completed and returned to the **Home Campus** within **five** weeks of the semester start.

By signing this agreement I verify I have met with my Advisor or the Registrar's Office at Minnesota State College Southeast to certify that the classes I am taking at the Visiting Campus pertain to my major. I understand that I am required to take at least one class at Southeast College during the semester listed below. I understand it is my responsibility to pay the tuition and fees at the visiting school.

Name SSN Semester
Student's Signature _____ Date _____

Section 2 (Visiting Campus):

We, the undersigned agree to permit the above named student to enroll for course work at the "Visiting Campus" as named below.

The student is enrolled in an eligible program at Minnesota State College Southeast; therefore, financial aid will be awarded and disbursed from the "Home Campus".

The "Visiting Campus" agrees to provide Minnesota State College Southeast with information regarding enrollment credits and the cost of tuition and fees. The "Visiting Campus" also agrees to notify Minnesota State College Southeast of any reduction in credit hours or withdrawal from the college. *The "Visiting Campus" also agrees to notify the "Home Campus" by mail or fax of the above student's grades at the completion of the semester.*

Home Campus:

Number of Credits: _____
Tuition: _____
Fees: _____
Books: _____

Visiting Campus:

Number of Credits: _____
Tuition: _____
Fees: _____
Books: _____

COURSE SUBJECT NUMBER CREDITS COURSE TITLE GRADE

Home Campus:
Pam Zimmerman
Minnesota State College Southeast
1250 Homer Road
Winona, MN 55987
507/453-2710
507/453-2715-fax

Visiting Campus:

Financial Aid Director

Date

PLEASE KEEP A COPY FOR YOUR RECORDS AND RETURN ONE COPY