

Consortium Agreement



Office of Student Financial Services

Lincoln University-MO
820 Chestnut Street- Young Hall 103
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(F)- 573-681-5871
(E) – SFS@lincolnu.edu

INSTRUCTIONS TO LU STUDENTS

Please read the consortium checklist and sign the consortium agreement page.

INSTRUCTIONS TO LU-MO OFFICIALS

All Officials signing this Consortium Agreement- **the academic dean, department chair, or academic advisor** certifies that the student is in good academic standing, for the Fall, Spring, or Summer semesters; has enrolled in at least three (3) credit hours during the Fall/Spring/Summer terms at LU-MO; has permission to enroll in the courses listed at the Host Institution; and the course(s) are required for the student's degree.

The **LU-MO Registrar's Office** will report the student's enrollment to the National Student Loan Data System (NSLDS). The LU-MO Registrar's Office will maintain Title IV record keeping and reporting requirements.

INSTRUCTIONS TO THE HOST INSTITUTION

Please provide total fees and tuition charges for courses listed on this form. Attach a copy of the statement of charges.

Please provide exact dates of enrollment for the semester in which the student plans to be a visiting student.

By signing this form, you certify the student is enrolled as a visiting student at your institution and financial aid will not be processed for the student at your institution.

By the signature of an authorized official, do hereby agree that Lincoln University-MO shall administer all financial aid for the student during his/her period of enrollment at the Host Institution. It is further agreed the Host Institution will not process financial aid for the student. **The Host Institution agrees to notify Lincoln University-MO Office of Student Financial Services in the event of any changes in the student's enrollment status.** This agreement can be cancelled upon receipt of written notification by either institution.

We agree to the terms stated above. This student has been admitted at this institution as a "visiting student" for the courses listed on this Consortium Agreement.

LINCOLN UNIVERSITY CONSORTIUM AGREEMENT CHECKLIST

- I am enrolled in a minimum of 3 credit hours at Lincoln University-MO for the term.
- I am a degree seeking student at Lincoln University-MO
- I have met with my academic advisor who has signed the home portion of the agreement confirming the course(s) will count toward my degree completion.
- I have made sure the home portion of my agreement is signed by the Office of the Registrar confirming the hours at the Host Institution will transfer into Lincoln University-MO.
- I have met with the Financial Aid Office at the Host Institution that I will be attending under this agreement and the Host portion of my agreement completed and signed by their office.
- I am aware of the deadlines for submitting a consortium agreement to Lincoln University-MO, Office of Student Financial Services and have submitted a complete agreement by the appropriate deadline.

NOTES: