

LINCOLN UNIVERSITY CONSORTIUM AGREEMENT

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|-----------------------------------|----------------|----------|--|--|--|--|--|
| <i>Student Name (Last, First)</i> | <i>LU SID#</i> | 0 | | | | | |
|-----------------------------------|----------------|----------|--|--|--|--|--|

STUDENT CONTACT INFORMATION

| | | |
|-----------------------|-----------------|---------------------|
| <i>STREET ADDRESS</i> | | <i>CITY</i> |
| <i>STATE</i> | <i>ZIP CODE</i> | <i>PHONE NUMBER</i> |

HOST INSTITUTION INFORMATION

| | | |
|----------------------------------|-----------------|---------------------|
| <i>NAME OF INSTITUTION</i> | | <i>FAX NUMBER</i> |
| <i>ADDRESS OF HOST INSTITION</i> | | <i>CITY</i> |
| <i>STATE</i> | <i>ZIP CODE</i> | <i>PHONE NUMBER</i> |

COURSE(S)- At the Host Institution

| COURSE NUMBER | COURSE TITLE | CREDIT HR. (SEM) | LU EQUIVALENT |
|---------------|--------------|------------------|---------------|
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CERTIFICATION BY LINCOLN UNIVERSITY OFFICIAL

| GRADE LEVEL | CLASSES ARE TRANSFERRABLE | CLASSES ARE IN DEGREE PLAN | TERM AT HOST INSTITUTION | STUDENT IS IN GOOD STANDINGS |
|-------------------------|---------------------------|----------------------------|--------------------------|------------------------------|
| | | | | |
| COURSE NUMBER | COURSE TITLE | CREDIT HR. | | |
| | | | | |
| | | | | |
| | | | | |
| ACADEMIC UNIT SIGNATURE | PRINTED NAME | DATE | | |
| | | | | |
| REGISTRAR SIGNATURE | PRINTED NAME | DATE | | |
| | | | | |

COMPLETED BY THE HOST INSTITUTION

| PERIOD OF ENROLLMENT | LENGTH OF COURSE | NUMBER OF CREDIT HOURS |
|---|---|------------------------|
| TO | <input type="checkbox"/> 16 Weeks <input type="checkbox"/> 1st 8 Weeks <input type="checkbox"/> 2nd 8 Weeks | |
| HOST INSTITUTION REPRESENTATIVE SIGNATURE | PRINTED NAME | DATE |
| | | |
| FINANCIAL AID OFFICE ADDRESS | CITY | STATE |
| | | |
| ZIP CODE | PHONE NUMBER | EMAIL |
| | | |



Office of Student Financial Services

Lincoln University-MO
820 Chestnut Street- Young Hall 103
Jefferson City, MO. 65101
(O)-573-681-6156
(F)- 573-681-5871
(E) – SFS@lincolnu.edu

| | | | | | |
|----------------------------|---------|---|--|--|--|
| Student Name (Last, First) | LU SID# | 0 | | | |
|----------------------------|---------|---|--|--|--|

LINCOLN UNIVERSITY CONSORTIUM AGREEMENT

In order to receive federal financial aid as a visiting student for the Fall, Spring, or Summer, I understand the following:

- A current processed Free Application for Federal Student Aid (FAFSA). If I have not filed a FAFSA or listed LU-MO, I understand processing of my financial aid will be delayed for four (4) to eight (8) weeks.
- All requested documentation must be submitted. Refer to your Blue Tiger Self Service Portal for "Required Documents Checklist" for a list of requested documentation. This includes verification documents and Student Loan Requirement Checklist.
- I must be enrolled in at least three (3) credit hours of LU-MO courses for the semester in addition to the credit hours taken at the Host Institution to receive Federal Student Aid. I also understand that I cannot have any holds on my account by LU-MO Office of Student Services, the LU-MO Registrar's Office at the time that the Consortium Agreement is being submitted to the LU-MO Student Financial Services Office.
- The Consortium Agreement must be completed and signed by all parties two (2) weeks prior to the semester. If the Consortium Agreement is not received by the fifth day of the week after the beginning of classes at Lincoln University-MO, adjustments will be made; however, this may impact the timeline for a refund to be processed, depending on eligibility.
- Only Federal student aid will be awarded to me under this agreement for courses taken at the Host Institution. My Institutional LU-MO scholarships or tuition waiver will be calculated on the number of credit hours taken at LU-MO for the semester. My Federal Pell Grant, and Direct Student Loan awards will be determined based on my enrollment as of the second week of the semester.
- I must immediately inform the LU-MO Office of Student Financial Services of any changes to my enrollment at LU or at the Host Institution (course withdrawals or program cancellation).
- I agree to provide Lincoln University-MO, Office of the Registrar with my "official" transcript for the term under which this agreement applies and that a hold will be placed on my account holding aid for future semesters. **I understand that I must provide my transcript to the Office of the Registrar and if I do not, it may result in adjustments to my financial aid and charges added to my account.**
- I understand completion of this consortium agreement does not guarantee enrollment in classes at the Host Institution. I understand I must meet any course prerequisites demanded by the Host Institution, even if LU-MO does not require similar prerequisites. **I understand it is my responsibility to enroll and make payment in full to the Host Institution.** My financial aid will process and pay towards my account at LU-MO. Any remaining funds after my account balance with LU-MO has been satisfied will be paid directly to me, and it is then my responsibility to make payment in full to the Host Institution.

By signing below, I acknowledge that I have read and understand my responsibilities under this Consortium Agreement.

Signature

Date