

# Consortium Agreement



## 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

### 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:**

**LINCOLN UNIVERSITY CONSORTIUM AGREEMENT**

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

**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**

| <b>COURSE NUMBER</b> | <b>COURSE TITLE</b> | <b>CREDIT HR. (SEM)</b> | <b>LU EQUIVALENT</b> |
|----------------------|---------------------|-------------------------|----------------------|
|                      |                     |                         |                      |
|                      |                     |                         |                      |
|                      |                     |                         |                      |

**CERTIFICATION BY LINCOLN UNIVERSITY OFFICIAL**

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

**COMPLETED BY THE HOST INSTITUTION**

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



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|                            |         |   |  |  |  |  |  |
|----------------------------|---------|---|--|--|--|--|--|
| 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