



CONSORTIUM AGREEMENT

Request for Additional Pell and/or MAP due to enrollment at 2 schools for the following term:

Fall 2015	ring 2016	Summer 2016
Student NameStudent ID#		
I am Pell or MAP eligible for the 2015/2016 Academic Year I am enrolled in 6 or more credit hrs. at GSU.		
Host School Name (Documentation must include names of contents)	Document ourses, numbe	cation from Host school attached rot credit hours, and cost information.)
Course Name at Host School	Credit Hours to be earned	Signature of GSU Academic Advisor *Signature verifies that the course is approved and that the course(s) will transfer and be applied toward GSU degree. Must receive a C grade or above.
 INSTRUCTIONS: Fill out the top portion of this form and sign you Attached the required documentation from the Request approval and signature from your GSU transferrable to GSU and be applied towards your Submit the completed form along with the required 	host school. Academic Advi r degree require	sor. (Courses taken at a host school must be
GSU Advisor Name	U Advisor NameGSU e-mail	
Office of Financial Aid at Governors State Uni	iversity. registration is f e "Host" school.	fficial grade report from the "host" institution to the finalized (1-2 weeks after classes begin). Processing ents will be awarded additional aid at GSU.
I have read and understand the information listed above unofficial grade report to the Office of Financial Aid.	. Upon complet	ion of the course(s) at the host school, I will submit an
Student Signature	Date	