

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

CONSORTIUM AGREEMENT

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

Fall 2016 S _I	oring 2017	Summer 2017
Student NameStudent ID#		
I am Pell or MAP eligible for the 2016-2017 Academic Year I am enrolled in 6 or more credit hrs. at GSU.		
Host School NameDocumentation from Host school attached		
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 yo Attached the required documentation from the Request approval and signature from your GSU transferrable to GSU and be applied towards you Submit the completed form along with the requ 	e host school. J Academic Advi er degree require	isor. (Courses taken at a host school must be
GSU Advisor Name	GSU e-mail	
Office of Financial Aid at Governors State Un	niversity. registration is t e "Host" school.	official 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.	e. Upon comple	tion of the course(s) at the host school, I will submit an
Student Signature	Date	