

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

CONSORTIUM AGREEMENT

Requ	uest fa	or Additional	Pell and/or	r MAP due to e	enrollment at 2	schools	for the	following	term:
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		Fall 2017	Spri	ing 2018	Summer 2018**			
Student Name				GSU Student ID#				
					SU for the fall or spring semesters, ligible for a Consortium Agreement.			
	I am Pell or MAP eligibl	e for the 2017-2018	Academic Y	ear				
Но	Host School Name			Host School Student ID#				
	ocumentation from Host Oocumentation must in] rses, numt	oer of 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:

- 1. Fill out the top portion of this form and sign your name at the bottom.
- 2. Attached the required documentation from the host school.
- 3. Request approval and signature from your GSU Academic Advisor. (*Courses taken at a host school must be transferrable to GSU and be applied towards your degree requirements.*)
- 4. Submit the completed form along with the required host school documentation to the Office of Financial Aid at GSU.

GSU Advisor Name _____

_____GSU e-mail__

- Upon completion of the course the student must submit an unofficial grade report from the "host" institution to the **Office of Financial Aid at Governors State University**.
- Consortium Agreements will be processed after registration is finalized (1-2 weeks after classes begin). Processing time may take up to 4 weeks.
- Students must adhere to payment policies at the "Host" school.
- GSU does not send a check to the "Host" School. Qualified students will be awarded additional aid at GSU.

Student Signature___

Date_