Consortium Agreement

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

☐ Fall 2014  ☐ Spring 2015  ☐ Summer 2015

Student Name_________________________________________Student ID#___________________________

☐ I am Pell or MAP eligible for the 2013/2014 Academic Year  ☐ I am enrolled in 6 or more credit hrs. at GSU.

Host School Name_________________________________________Documentation from Host school attached ☐

(Documentation must include names of courses, number of credit hours, and cost information.)

<table>
<thead>
<tr>
<th>Course Name at Host School</th>
<th>Credit Hours to be earned</th>
<th>Signature of GSU Academic Advisor</th>
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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______________ Date__________________

- 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.

I have read and understand the information listed above. Upon completion of the course(s) at the host school, I will submit an unofficial grade report to the Office of Financial Aid.

Student Signature_________________________________________ Date________________________

CRI CODE: FAC14CRB