Financial Aid

2015-16 Consortium Agreement

If you are a degree-seeking student at Saint Mary's College and plan to attend another college/university or a study abroad program through another college/university, the following steps must be completed in order to receive federal and state financial aid.

NOTE: Financial aid funds that are in excess of the tuition and fees will be refunded to you no earlier than the first week of class. Therefore financial aid funds may not be available to pay some study abroad pre-departure costs, such as the program deposit, plane ticket, visa and/or passport application fees, etc.

1. If you have not already done so, submit the 2015-16 Free Application for Federal Student Aid (www.fafsa.gov) to the federal processor.

2. If your parent will apply for a Federal Direct Parent PLUS Loan, your parent should initiate the PLUS application process at least four weeks prior to the beginning of your program. Parents can begin the PLUS application process by referring to our web page at http://www3.saintmarys.edu/directplus

3. All four sections of the attached Consortium Agreement must be completed. Allow four weeks prior to the beginning of your program for completion of this agreement.

4. Section I – Completed by the student. Provide all the required information and sign the agreement.

5. Section II – If any courses will be used to meet your major degree requirements, you will need to obtain the approval of your department chair. In addition, the associate dean for advising must approve all courses for transfer credit and sign this section.

6. Section III – Completed by the host institution. You must send the Consortium Agreement to the host (visited) institution so they can complete Section III. We ask that you follow up with the host institution to verify the completion of your paperwork. Once the host institution completes Section III, the agreement should be sent to the Financial Aid Office at Saint Mary's College.

7. Section IV – Completed by Saint Mary's College. The Financial Aid Office will complete Section IV and sends a copy of the completed agreement to the host institution.

8. If you will not be easily accessible because of the location of your program, you should arrange for an appropriate person to have power of attorney to sign your paperwork. Make sure your host institution knows how to reach you by mail.

9. Send the Financial Aid Office at Saint Mary’s College a copy of your scheduled classes and the number of registered credit hours at the host institution, or arrange to have the host institution confirm your registered classes in writing to our office. CONFIRMATION OF CLASSES MUST BE RECEIVED BEFORE ANY FUNDS WILL BE RELEASED. If we do not receive this document, you will then be responsible for clearing your fees with the host institution to avoid cancellation of classes and/or late fees. Funds will be released in accordance with Saint Mary’s College’s disbursement schedule.

10. You must notify the Financial Aid Office at Saint Mary's College of any changes in your enrollment status, including withdrawing from all courses or substitution of approved courses.

11. Failure to complete this Consortium Agreement will prevent the release of funds.

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Consortium Agreement

SECTION I – To Be Completed By the Student

Name: ______________________________________________ SSN: ___________________________

Home Address: ___________________________ Home Phone # ___________________________

City, State, Zip Code: ___________________________ Campus Phone # ___________________________

E-mail Address: ___________________________@ saintmarys.edu  □ Check if you aren’t applying for financial aid, but would like to defer your loan repayment while studying elsewhere.

Name of Host Institution: __________________________________________________________________________

Contact Person: __________________________________________________________________________________

Address: ____________________________________________________ Phone: ____________________________

Financial Aid Proceeds To Be Mailed To

<table>
<thead>
<tr>
<th>Host institution</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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All information provided on the Consortium Agreement is correct to the best of my knowledge.

Student Signature: ___________________________________________ Date: ________________________

You are still required to send verification of your enrollment to Saint Mary’s College. See Step 9 of instructions.

SECTION II – To Be Completed by the Student, the Saint Mary’s Associate Dean for Advising, and Department Chair

1) Complete the information below. If any of the courses will be used to fulfill part of your major degree requirements your Department Chair must sign this form. In addition, your Academic Advisor also needs to sign the certification agreement below.

2) Attach a brief statement explaining your reasons for needing to take these courses at another institution. Include the date you expect to graduate from Saint Mary’s College

<table>
<thead>
<tr>
<th>Host institution course name and number</th>
<th>Credit hours for each course at the host institution</th>
<th>Saint Mary’s course equivalent</th>
<th>Signature – Department Chair</th>
<th>Date</th>
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**CERTIFICATION:** By signing this section, I give permission for the student named above to register as a transient student at ____________________________________________ (host institution). I further certify that the hours earned in this program will fulfill degree requirements at Saint Mary’s College as listed below.

Associate Dean for Advising: __________________________

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**Student Name:** ____________________________________________________  **SSN:** ____________________

**Enrollment Dates** (month/day/year)
- From: ________________  To: ________________

**Enrollment Period:** (circle one)
- Quarters  
- Semesters  
- Other (please explain)

**Enrollment Status:**
- Total number of hours enrolled: _______________
- Fees must be cleared by: _______________

**Program Costs**
- Tuition and Fees: $______________________
- Room and Board: $______________________
- Books and Supplies: $______________________
- Transportation: $______________________
- Miscellaneous: $______________________
- Total: $______________________

The student wishes to use financial aid and/or scholarships to help cover the cost of attendance during this transient term. To facilitate the registration process:

- **Saint Mary’s College will:**
  - Consider the student enrolled in an eligible program of study and report the student’s enrollment to the National Student Clearinghouse,
  - Calculate the aid award, disburse financial aid awards and will send funds to host institution,
  - Handle any refunds and/or repayments to the Title IV programs resulting from the student’s withdrawal from classes, and
  - Monitor Satisfactory Academic Progress

- **The host institution agrees to notify Saint Mary’s College if the student:**
  - Fails to register, or
  - Reduces the number of enrolled credits, or
  - Withdraws from classes.

As a part of this agreement, financial aid officers at both institutions will receive a copy of this completed **Consortium Agreement**. The completed **Consortium Agreement** will serve as verification that the student has permission to register as a transient student at the host institution and that the student will receive credit toward a degree from Saint Mary’s College.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>School Title IV School Code</th>
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<tbody>
<tr>
<td>Print Name</td>
<td></td>
<td>Address</td>
</tr>
<tr>
<td>Title</td>
<td></td>
<td>City State Zip Code</td>
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<tr>
<td>E-mail Address</td>
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<td>Phone</td>
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The student listed on this agreement is a degree-seeking student at SAINT MARY’S COLLEGE. However, the student will be a transient student at ____________________________________ during the ______________________ semester/quarter of the 20________ academic year. The student will be enrolled ______number of hours at Saint Mary’s College.

2015-16 Costs at Saint Mary’s College
Tuition and Fees:  $37,400
Room and Board:  $11,320

Saint Mary’s College
Financial Aid Administrator (please print) ____________________________________________
Signature ________________________________
Date ________________________________
E-mail __________________________@saintmarys.edu
Phone ________________________________

Registrar (please print) __________________________________________________________
Signature ________________________________
Date ________________________________
E-mail __________________________@saintmarys.edu
Phone ________________________________