



Office of Financial Aid

216 Lela Raney Wood Hall
Columbia, MO 65215
PHONE (573) 876-7106
FAX (573) 876-2320
EMAIL finaid@stephens.edu

Student Name (Last, First) Student ID Number

2023-2024 Consortium Agreement

A Consortium Agreement is a contract between two institutions of higher education for the purpose of financial aid administration for a specific student and academic period. It acknowledges the registration of the student at each institution and certifies that only one of the two institutions will administer Title IV financial aid for the student. The student must also agree to the terms of the contract.

For the purposes of this Consortium Agreement, the home institution is Stephens College and the host institution is the institution in which you are temporarily enrolling to take courses.

This form must be completed by all parties and returned to the Office of Financial Aid at Stephens College. Sections A, B, and C are required to be fully completed before the Office of Financial Aid can process this request. The student is solely responsible for returning a completed form to the Office of Financial Aid.

After completion of the specified term listed below, the student must request and ensure an official transcript is sent to Stephens College.

Section A: To be completed by Stephens College Academic/Faculty Advisor
Table with 2 columns: Term of Enrollment, Number of Credit Hours Enrolled at Stephens College

Courses to be taken at the Host Institution:

Table with 4 columns: Course Number, Course Title, Stephens Equivalent Course, Credit Hours

By signing below, I certify that the student named above is in good academic standing and the student has permission to take the above course(s) which are required as part of the student's degree program and will be accepted upon transfer to Stephens College.

Academic/Faculty Advisor Signature

Date

Academic/Faculty Advisor Name

Title

**Section B: To be completed by the Host Institution**

<b>Full name of Host Institution</b>	
<b>Host Institution Address</b>	
<b>Term of Enrollment</b>	
<b>Enrollment Period Start Date</b>	
<b>Enrollment Period End Date</b>	
<b>Credit Hours Enrolled</b>	

By signing below, I certify 1) that the student named above has been admitted at this institution as a visiting student for the courses and specified term listed in Section A; 2) the Host Institution will not award, disburse, or process financial aid to the student for the specified term; and 3) the Host Institution will notify Stephens College if the student's enrollment in any of the courses listed above changes during the specified term.

\_\_\_\_\_  
Host Institution Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Host Institution Signatory Name

\_\_\_\_\_  
Title

**Section C: To be completed by the Student**

By signing below, I certify 1) that I will notify Stephens College if I drop or withdraw from any, or all, of my courses at the Host Institution; 2) I understand my financial aid is based on total enrollment which will be monitored and verified throughout the term; 3) I understand that I will not be eligible for financial aid for any courses not approved by my academic unit; 4) I understand that this Consortium Agreement is applicable only to the term of enrollment and courses indicated above; 5) I understand that I am solely responsible for returning this completed form to the Stephens College Office of Financial Aid; 6) I agree to request and ensure an official transcript from the Host Institution is sent to Stephens College at the end of the specified term; and 7) to the best of my knowledge, all information provided on this form is true and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

---

**FOR OFFICE OF FINANCIAL AID USE ONLY**

Term Processed: \_\_\_\_\_

Financial Aid Reviewed: \_\_\_\_\_

POE Updated: \_\_\_\_\_

FA Staff Initial: \_\_\_\_\_

Provide copy to Office of the Registrar