

Consortium Agreement

TERMS & CONDITIONS

This agreement allows degree seeking students to receive Federal Student Aid at NMHU for combined enrollment at two institutions. NMHU will calculate and disburse student's Federal Student Aid awards. All credit hours at each institution must apply to the student's NMHU program of study/degree plan.

- Students must be enrolled in at least **6 credit** hours at NMHU for fall/spring terms or **3 credit** hours for the summer term.
- If you are a recipient of the New Mexico Lottery Success Scholarship, you may enter into a consortium with another institution, and be eligible for the scholarship as long as you are enrolled full time (minimum 15 hours) between the two institutions.
- Students must meet all Federal Student Aid eligibility requirements at NMHU including Satisfactory Academic Progress.
- Student must submit **2nd** copy of schedule from Visiting Institution dated the **3rd** week of the term to verify enrollment at the time of disbursement.
- Enrollment hours will only be adjusted for courses that are transferable to the student's degree at NMHU as approved by the NMHU's Office of the Registrar.
- Repeated courses must meet aid eligibility requirements to apply for the Consortium Agreement.
- **You** will be responsible for payment on your student account at both institutions regardless of where you are receiving your financial aid. **NMHU Office of Financial Aid and Scholarships does not make payment on your behalf to the visiting institution. All Financial Aid is disbursed to your student account at NMHU.** Students must meet financial requirements of the Visiting Institution, including payment deadlines.
- The number of credit hours at the Visiting Institution should not exceed the number of credit hours at NMHU.
- Complete withdrawal from both NMHU and the Visiting Institution will result in a Return of Title IV funds calculation.
- Complete withdrawal from NMHU will void the Consortium Agreement.
- Deadline for completed, signed Consortium Agreements with a copy of the Visiting Institution class schedule and billing statement is 5:00 pm on the 3rd Friday of the term (Census).
- If you fail to meet any of the conditions of this consortium agreement (including academic progress at both schools), the NMHU Office of Financial Aid and Scholarships has the authority to hold future consortium requests until the final grades are provided.

I understand the Terms and Conditions and agree to participate in the Consortium Agreement according to NMHU guidelines.

Student Signature (Original Signature Required)

Date:

Section 1: Student Information (to be completed by the student)

Name: _____ NMHU ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Email: _____

Check this box if you are receiving the N.M. Legislative Lottery Scholarship at NMHU

Section 2: Host Institution Information (To be completed by the student)

Name of Visiting Institution: _____

Visiting Institution Student ID: _____ Semester: Fall 201____ Spring 201____ Summer 201____

Number of credit hours: NMHU _____ Visiting Institution _____ (Cannot exceed NMHU credit hours)

Please list courses to be taken at the Host Institution during the above Referenced Semester. Course(s) must meet outstanding Degree Requirements at the Home Institution:

COURSE PREFIX & NUMBER	TITLE OF COURSE	CREDIT HOURS	START DATE	END DATE
EX: MGMT 300	Principles of Management	3	8/15/2015	12/15/2015

Section 3: Host Institution Information (To be completed by the Financial Aid Office)

Please complete this section confirming the student's enrollment in the number of credit hours listed above and the amount of tuition/fees billed at your institution.

TUITION ONLY: (Do not include fees)	
FEES:	
TOTAL:	

Authorized Financial Aid Representative Signature

Title

Authorized Financial Aid Representative Printed Name

Date

Email

Telephone number

Section 4: Academic Advisor Certification (To be completed by a Faculty/Academic Advisor)

I certify that the course(s) listed above will apply to outstanding degree requirements:

Advisor's Name (Printed): _____

Advisor's Signature: _____ Date: _____

Section 5: Course Transfer Disclosure (To Be completed by the Office of the Registrar)

I certify that the course(s) listed above are transferable to NMHU and will apply to outstanding degree requirements:

NMHU Office of the Registrar's Representative

Date