

Consortium Agreement

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.

Section 1: Student Information and Affirmation

LAST NAME: (PRINT)	FIRST NAME: (PRINT)	MI:	BANNER/NMHU ID
NMHU EMAIL:		TELEPHONE:	

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

Affirmation of Term and Conditions:

- I will be responsible for payment on my student account at both institutions regardless of where I am receiving financial aid.
- I understand that NMHU Office of Financial Aid and Scholarships does not make payments on my behalf to the Visiting Institution.
- I will be enrolled for least 6 credit hours at NMHU for fall /spring terms or 3 credit hours for the summer term.
- I understand I must meet all Federal Student Aid eligibility requirements at NMHU including Satisfactory Academic Progress, as well as repeated courses that meet aid eligibility requirements to apply for the Consortium Agreement.
- I understand as a recipient of the New Mexico Legislative Lottery Scholarship, I may enter into a consortium with another institution, and be eligible for the scholarship if I am enrolled full time (minimum 15 hours) between the two institutions.
- If I do a complete withdrawal from both NMHU and the Visiting Institution it will result in voiding the Consortium Agreement and a Return of Title IV funds will be calculated.
- I understand that the deadline for the submission of a completed, and 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 I 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 deny processing any future consortium requests.
- I understand that a hold will occur on my Financial Aid file if grades are not submitted to the NMHU Financial Aid office, after the completion of class listed on the Consortium Agreement.

My signature is an acknowledgment to the Terms and Conditions as I agree to participate in the Consortium Agreement according to the NMHU Office of Financial Aid and Scholarships.

Student Signature (Original Signature Required)

Date:

Section 2: Academic Coach/Advisor Certification (To be completed by a NMHU Faculty/Academic Coach/Advisor)

A copy of the visiting institution schedule must be provided along with this consortium agreement:

NAME OF VISITING INSTITUTION: _____

ENROLLMENT PERIOD: FALL _____ SPRING _____ SUMMER _____

NMHU credit hours _____ + Visiting Institution credit hours (as listed below) _____ = Total credit hours: _____

Visiting Institution Course Info:

COURSE PREFIX & NUMBER	TITLE OF COURSE	CREDIT HOURS	START DATE	END DATE
EX: MGMT 300	Principles of Management	3	MM/DD/YYYY	MM/DD/YYYY

Student's Degree Program: _____

As the student's **academic coach/advisor**, I certify that the course(s) the student is enrolled in at the Visiting Institution are applicable to the degree, either as a program requirement or as general education. Further, the student has not previously earned credit for these courses, nor has the student transferred these courses to NMHU. I have confirmed with the student that his/her current degree program is accurate in NMHU's records.

NMHU Academic Coach/ Advisor signature: _____ **Date:** _____

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

TUITION ONLY:	
FEES:	
TOTAL:	

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.

 Authorized Financial Aid Representative Signature Date

 Printed Name and Title

 Email

 Telephone number