



Consortium Agreement

A consortium agreement is a written agreement between two schools. This agreement allows you to take courses at another institution and count those courses toward your degree at College of Saint Mary.

College of Saint Mary is the institution from which you are seeking a degree. In most instances, you will receive financial aid from College of Saint Mary (also called the **home** institution).

The **host** institution is the institution where you will be visiting and taking classes to transfer back to College of Saint Mary. **The classes must be applicable to your degree at College of Saint Mary in order to qualify.**

A Consortium Agreement allows Financial Aid to count courses at both institutions when determining your enrollment level for the purposes of awarding aid. Consortium Agreement courses will be counted towards the term in which they start.

STEPS IN COMPLETING A CONSORTIUM AGREEMENT

Step 1: Complete Section A of the Consortium Agreement.

Step 2: Take the Consortium Agreement to the Division Chair in your field of study. The Division Chair will complete Section B.

Step 3: Take the Consortium Agreement to the Registrar's Office at College of Saint Mary. They will complete Section C.

Step 4: Forward the Consortium Agreement to the host institution's Financial Aid Office. When they have completed their section, they will return the Consortium Agreement to CSM's Financial Aid Office.

Step 5: CSM will complete Section D of the Consortium Agreement and process your financial aid accordingly.

SATISFACTORY ACADEMIC PROGRESS REQUIREMENTS

When you have completed your courses at the host institution it is your responsibility to submit a copy of your final grades to CSM Express Center financial aid office. Grades at both College of Saint Mary and the host institution will be reviewed to determine if you are in compliance with the Satisfactory Academic Progress requirements at CSM. Future aid will be on hold until all grades have been submitted and your eligibility can be determined.

For more information please contact:

CSM Express Center
Financial Aid
7000 Mercy Road
Omaha, NE 68106
(402) 399-2362
1-800-926-5534 Ext. 2362

**College of Saint Mary
Consortium Agreement (page 2)**

SECTION A: TO BE COMPLETED BY STUDENT

STUDENT NAME: _____ SSN: _____				
HOME INSTITUTION: College of Saint Mary				
HOST INSTITUTION:				
_____		_____		
Name		Address		
THE COURSES I WILL BE TAKING AT THE HOST INSTITUTION ARE AS FOLLOWS:				
COURSE #	CREDIT HRS	COURSE NAME	BEG DATE	END DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
I CERTIFY THAT I AM SEEKING A DEGREE FROM COLLEGE OF SAINT MARY. I UNDERSTAND THAT I WILL RECEIVE MY FINANCIAL AID FROM COLLEGE OF SAINT MARY BASED ON MY ENROLLMENT AT BOTH INSTITUTIONS. I REALIZE THAT I WILL BE RESPONSIBLE FOR MAKING PAYMENT TO THE HOST INSTITUTION. I ALSO UNDERSTAND THAT I MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS IN ACCORDANCE WITH CSM'S POLICY AND I AGREE TO SUBMIT A COPY OF MY FINAL GRADE REPORT FOR THE ABOVE LISTED COURSES TO FINANCIAL AID AT COLLEGE OF SAINT MARY.				
STUDENT SIGNATURE _____ DATE _____				

SECTION B: TO BE COMPLETED BY ACADEMIC DIVISION CHAIR

I CERTIFY THAT THE COURSES LISTED IN SECTION "A" WILL ASSIST THIS STUDENT IN THE COMPLETION OF HER DEGREE AT COLLEGE OF SAINT MARY.	
DIVISION CHAIR'S SIGNATURE _____ DATE _____	

SECTION C: TO BE COMPLETED BY THE HOME INSTITUTION'S REGISTRAR

THIS IS TO CERTIFY THAT THE STUDENT NAMED IN SECTION "A" IS A STUDENT IN GOOD STANDING AT COLLEGE OF SAINT MARY. CSM WILL ACCEPT THE COURSES LISTED ABOVE AS TRANSFER CREDIT IN THE STUDENT'S PROGRAM, IF THE STUDENT EARNS A GRADE OF "C" OR BETTER, AND IF PRIOR APPROVAL HAS BEEN GRANTED FOR THE STUDENT TO TAKE THE COURSE.	
REGISTRAR'S SIGNATURE _____ DATE _____	

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**SECTION D: TO BE COMPLETED BY HOST INSTITUTION'S
FINANCIAL AID OFFICE**

THE VISITING STUDENT LISTED IN SECTION "A" IS ENROLLED IN ____ CREDIT HOURS AT OUR INSTITUTION.		
TUITION/FEES	\$ _____	ENROLLMENT PERIOD:
ROOM/BOARD	\$ _____	_____ TO _____
BOOKS/SUPPLIES	\$ _____	
TRANSPORTATION	\$ _____	
PERSONAL	\$ _____	
I CERTIFY THAT OUR INSTITUTION WILL NOT AWARD ANY FINANCIAL AID FOR THIS ENROLLMENT PERIOD.		
_____	_____	_____
FINANCIAL AID OFFICE SIGNATURE	TITLE	DATE
Mail this form to: CSM Express Center, Financial Aid, 7000 Mercy Road, Omaha, NE 68106		
You may fax to (402) 399-2480 (Original must be mailed)		

SECTION E: TO BE COMPLETED BY CSM EXPRESS CENTER FINANCIAL AID

TERM ENROLLED _____		
CREDIT HOURS ENROLLED AT HOME INSTITUTION _____		
CREDIT HOURS ENROLLED AT HOST INSTITUTION _____		
ENROLLMENT LEVEL : FT $\frac{3}{4}$ $\frac{1}{2}$ $<1/2$		
TUITION/FEES \$ _____		
ROOM/BOARD \$ _____		
BOOKS/SUPPLIES \$ _____		
TRANSPORTATION \$ _____		
PERSONAL \$ _____		
_____	_____	_____
FINANCIAL AID SIGNATURE	TITLE	DATE