



Consortium Agreement Information Packet



This packet contains information for SMU student's who wish to attend another institution on a temporary basis. This document applies to SMU policies only and does not address policies or procedures which may be required by the host institution. Please contact your host institution for information on additional requirements.

This packet contains the following:

- 1) Instructions and Checklist
- 2) Permit to Study Away Form
- 3) Consortium Agreement

Per Federal Regulations, a Consortium Agreement must exist before Southern Methodist University (Home Institution) can award Federal Funds to an eligible student attending an institution other than SMU which is also approved by the U.S. Dept. of Education to receive Federal Funding. Under this agreement, Southern Methodist University remains the degree granting institution. Coursework completed by the student at the host institution must be approved by a Southern Methodist University official as applicable toward the student's SMU degree plan and program curriculum



Consortium Agreement Instructions & Checklist

Completed

- _____ See your academic school of record to obtain approval to study away. All coursework must be authorized and must transfer back to SMU as applicable toward your degree.

- _____ Return the signed “Permit to Study Away” to your Financial Aid Advisor. This form must be signed by your Academic Advisor, School Registrars Office, Director/Dept Chair, or the Dean of the specific school.

- _____ Complete the student section of the Consortium Agreement and return the form to your FA Adviser to be faxed to your Host School (**provide fax number**). The host institution will complete and return the agreement directly to your Financial Aid Advisor.

- _____ Complete the Direct Deposit enrollment (if you have not previously done so) which is located in the “My SFspace” section once you log into Access.SMU.

- _____ Follow-up to make sure the Host Institution has returned the completed Consortium Agreement to SMU.



S O U T H E R N
M E T H O D I S T
U N I V E R S I T Y

Div. of Enrollment Services & Financial Aid

Consortium Agreement Permit to Study Away **(Return to FA Adviser)**

To the applicant: Please complete the top half of this form and have your academic advisor sign and date the bottom half when you meet with him/her to discuss your plans to study away on Consortium Agreement. You must then return this form to your financial aid advisor.

Name: _____ SMU ID: _____

Name of Host Institution: _____

To the Authorizing Official: By signing the form below you acknowledge that the above named student has met with you to discuss his/her plans to study away and that the courses Student will enroll in will apply toward the Student's Degree at SMU and be transferred to SMU providing a C or better grade is earned in each course.

Signature of Authorizing Official: _____ Date: _____

When completed, please return this form to your Financial Aid Advisor



CONSORTIUM AGREEMENT

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Student Section:

Name: _____ SMU ID Number _____

Mailing Address _____

Home Institution: Southern Methodist University

Host Institution: _____

Please complete the following information regarding your intended enrollment at the Host Institution:

Enrollment period (check one) Full Year _____ Semester _____ Quarter _____ Other _____

Enrollment status (check one) Full Time _____ ¾ Time _____ ½ Time _____

Dates of Attendance: From _____ To _____

I authorize each of the two institutions names above to exchange all academic and financial information required to meet Federal Regulations regarding my Financial Aid. I will initiate a direct deposit authorization for any refunds of credit balances over and above the host institutions billed charges. I understand that I am NOT eligible to receive SMU or State scholarships or grants while attending the host institution.

Student Signature

Date

Host Institution Section:

Number of Hours Enrolled by the Student

Fall Term _____

Spring Term _____

Summer Term _____

Other (please specify) _____

Starting and Ending Dates of Attendance: (Loan Period)

Fall/Spring From _____ To _____

Fall Only From _____ To _____

Spring only From _____ To _____

Summer From _____ To _____

Cost of Attendance: (please specify what terms the figures below cover)

Tuition & Fees _____

Room & Board _____

Books & Supplies _____

Other _____



Home & Host Institution Section:

If the above named student files for and is awarded Federal Financial Assistance, SMU agrees to forward these funds, on behalf of the student, to the Host Institution in an amount sufficient to cover institutional charges. Remaining funds will be refunded directly to the student. If for any reason the student withdraws from the host institution, SMU also agrees to calculate the amount of Federal funds which the student may retain (earns) and the amount to be returned to the funding source based on the Federal Return to Title IV calculation.

The Host Institution is expected to, and agrees to notify SMU if the Student withdraws or does not make Satisfactory Academic Progress (SAP) during a term. The Host Institution also agrees not to process applications for the Federal Pell Grant, ACG or SMART Grants, Federal Stafford or PLUS Loans, or any other financial aid programs for the above student during the academic period(s) covered by this agreement.

The Host Institution certifies they are eligible to participate in Title IV programs, have not had their eligibility to participate terminated by the Department of Education, or have voluntarily withdrawn from participation in the FSA programs under a termination, show-cause, suspension or similar type proceeding initiated by the institution's state licensing agency, accrediting agency, guarantor or by the Department.

Host Institution Authorized Signature _____ Date _____

Host Institution: _____ **(please print)**

Host Address: _____ **(please print)**

Host Telephone: _____

Host Fax #: _____

Authorized SMU Signature _____ Date _____

Host Institution Billing Section:

Number of Hours Enrolled Per Term:

Fall Term _____

Spring Term _____

Summer Term _____

Other (please specify) _____

Total Per Term Billed Charges:

Tuition & Fees _____

Room & Board _____

Other Charges _____

Total Billed Amount _____

Payment Due Date _____

Payment Remittance Information (please print):

Payable to: _____

Attention of: _____

Department: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____

The Host Institution agrees to refund the student the portion of applicable financial aid that has been awarded for this program that exceeds the cost billed by the Host Institution if such a refund is applicable.

Authorized Host Institution Signature / Title _____

Date _____