



# SMU

## *Financial Aid Consortium Agreement & Information Packet*

*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. The host institution must be 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.*

*This packet contains information for SMU students who wish to attend another institution on a temporary basis as a visiting student. 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) Course Evaluation Form (for Undergraduate Student's only)*
- 4) Consortium Agreement*

*Office of Financial Aid  
Blanton Student Services Building*



## *Financial Aid Consortium Agreement*

### ***Financial Aid Consortium Agreement Instructions & Checklist***

***Courses taken under this agreement must be approved by your Academic Advisor prior to submitting this document to the Office of Financial Aid.***

- Step One: **Meet with your Academic Advisor** to confirm that the courses taken at the host institution will be accepted by SMU as transfer credit. The ***“Enrollment Authorization and Permission to Study Away”*** form (Pages 3 and 4 of this packet) must be completed, signed, and returned to the Office of Financial Aid with an original signature from the Academic Advisor, School Registrar, Director/Department Chair or the Academic Dean.
- Step Two: **Meet with your Financial Aid Advisor.** Complete Sections A and B of the Consortium Agreement (Page 5 of this packet) prior to meeting with your Financial Aid Advisor. The Consortium Agreement must be signed by your Financial Aid Advisor.
- Step Three: **Submit the agreement (pages 5 and 6) to the Financial Aid Office AT THE HOST INSTITUTION.** The host institution must return the completed agreement directly to your SMU Financial Aid Advisor via Fax or email.
- Step Four: **Sign up for Direct Deposit.** Log into My.SMU account and click on the “Financial Account” tile to confirm your direct deposit information. If you have previously authorized the direct deposit of funds from your student account to your personal bank account, you do not have to re-enroll.
- Step Six: **Follow up** to make sure the Host Institution has returned the completed Consortium Agreement to SMU.



## *Academic Advisor Enrollment Authorization & Permission to Study Away*

**Students who are planning to use financial aid funds must submit this “Permit to Study Away” to the Office of Financial Aid as documentation that all coursework and academic hours earned at the host institution have been reviewed and approved by the Academic Dean’s Office or the Academic Advisor as transferrable and applicable toward degree requirements**

**To the student applicant:** Please sign below and submit this form to your Academic Dean’s Office or your Academic Advisor for review and approval. This form must be sent to the Office of Financial Aid directly from the Dean’s Office or your Academic Advisor.

Student Name: \_\_\_\_\_ SMU ID: \_\_\_\_\_

Name of the 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 abroad and that, to the best of your knowledge, all coursework and earned hours will transfer back to SMU and applied toward the selected degree plan.

Name of Authorizing Official: \_\_\_\_\_  
(Print Name)

Signature of Authorizing Official: \_\_\_\_\_

Title of Authorizing Official \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form directly to the Office of Financial Aid.**



*Financial Aid  
Consortium Agreement*

**Consortium Agreement Course Evaluation Request Form**

This form is for **UNDERGRADUATE STUDENTS** only!!

**Step 1: Students: Fill in the information as follows:**

A). Name: \_\_\_\_\_ SMU ID # \_\_\_\_\_

Which of the academic terms listed below will you be studying away?  
(please circle below)

B) Name of the Host Institution \_\_\_\_\_

Fall term 2019   Spring term 2020   Summer term 2020

**Step 2: Students – Please list below each class you plan to enroll in at the host institution.**

**Evaluators – Please indicate the SMU equivalency course**

Host Institution Course Name	SMU Equivalent Course Name	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Step 3: Authorization Signatures**

I understand that failure to submit this documentation prior to the start of classes at the host institution will delay processing of my financial aid and payment to the host institution.

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

Date \_\_\_\_\_

Authorizing Official Signature \_\_\_\_\_

Date \_\_\_\_\_

*This agreement applies to any student of Southern Methodist University (home school) who receives Federal, State, or Institutional financial assistance and has been approved by the academic advisor or designated official to enroll at another institution (host school) as a visiting student.*



# SMU

## Financial Aid Consortium Agreement

### SECTION A: GENERAL INFORMATION

This agreement constitutes a financial aid consortium between **Southern Methodist University (Home School)**, and \_\_\_\_\_ (Host School) on behalf of the following student:

Student's Name: \_\_\_\_\_ SMU ID: \_\_\_\_\_ Host School ID (if known) \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Academic Program of Study: (Major) \_\_\_\_\_

Enrollment Period/Terms: (circle applicable terms) **Fall Term only, Fall/Spring terms, Spring term only, Summer term only**

Number of hours you plan to enroll? \_\_\_\_\_

### SECTION B: STUDENT CERTIFICATION

- (1) I am a degree-seeking student at Southern Methodist University enrolling as visiting student at another institution.
- (2) I understand that Southern Methodist University will not apply aid to correspondence courses taken at another school.
- (3) I hereby give permission for the HOST school/institution to release information regarding my current enrollment status and enrolled hours when requested by Southern Methodist University. I also authorize the release of my academic transcript (immediately at the close of the term) directly to Southern Methodist University for purposes of transferring consortium credit hours to SMU.
- (4) I understand that the transferred consortium credit hours will not reflect in my Southern Methodist University GPA, but that the consortium activity will be used to determine my Satisfactory Academic Progress Standards (SAP) at SMU and will affect any Honors Program calculations. Failure to maintain Satisfactory Academic Progress (SAP) will result in the loss of financial aid eligibility.
- (5) I understand I am responsible for the payment of any and all educational costs incurred at the HOST school/institution.
- (6) I understand that if I drop credit hours or withdraw completely from either SMU or the HOST school/institution during the term specified, I could be required to repay the financial aid (including student loans) disbursed through Southern Methodist University as a result of this consortium agreement. If this should occur, I understand I am financially responsible for the payment of any and all educational costs at SMU and/or the HOST school/institution.
- (7) I understand that this Consortium Agreement applies specifically to the academic terms indicated in Section A of this document.
- (8) I understand that in order to have financial aid available for subsequent terms, it is mandatory that the transcript for the consortium credit hours be submitted immediately upon the term's completion. Without the transcript on record, aid for the subsequent term will not be available.

**I HAVE READ, DO UNDERSTAND, AND AGREE TO THE ABOVE.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Financial Aid Consortium Agreement

## SECTION C: SOUTHERN METHODIST UNIVERSITY (HOME SCHOOL)

**The HOME School agrees to abide by the guidelines below:**

- (1) SMU is the HOME institution for ALL financial aid matters.
- (2) SMU considers the above named student to be accepted as a degree-seeking candidate.
- (3) SMU is the degree-granting institution for the above named student.
- (4) SMU will not apply aid to correspondence courses taken at another school.
- (5) SMU will provide financial aid disbursements for the above named student as appropriate (under Title IV guidelines) for the term specified above.
- (6) SMU will accept transfer credits the HOST school/institution for the previously approved courses for which the student has received a grade of "C" or above on the same basis as if providing the course itself. Grades earned at the HOST school/institution will not be averaged into the student's grade point average at SMU.
- (7) SMU will monitor Satisfactory Academic Progress using all courses taken both at SMU and the HOST school/institution.

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SMU Financial Aid Advisor/Administrator (signature)	Title	Email Address
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\_\_\_\_\_ Date

## SECTION D: HOST SCHOOL CERTIFICATION

**The HOST School agrees to the following guidelines:**

- Will not provide any financial assistance during the specified consortium term(s) with the exception of institutional fee waivers with prior notification to SMU
- Notify SMU of any change in the participants' enrollment status during the specified consortium period or term.
- Release the academic transcript of courses taken under this consortium agreement consortium course(s) directly to SMU at the close of the specified consortium term.
- Provide the following cost of attendance and enrollment information for each period as indicated in Section A of this agreement.

**Current or expected number of enrolled hours:** \_\_\_\_\_  
(Fall term)      (Spring term)      (Summer term)

**Enrollment Period Start and End Dates:** \_\_\_\_\_ to \_\_\_\_\_

<b>Cost of Attendance for term(s) indicated above:</b>	<b>(Additional comments as needed)</b>
Tuition: \$ _____	_____
Fees: \$ _____	_____
Books/Supplies: \$ _____	_____
Housing: \$ _____	_____
Transportation: \$ _____	_____
Misc. costs: \$ _____	_____
<b>Total COA</b> \$ _____	_____

**Host School Consortium Administrator Authorization**

_____ (Administrator Signature)	_____ (Administrator Print Name)
_____ (Administrator Address)	_____ Contact Telephone      _____ Contact FAX #