

Application for Consortium/Contractual Agreement

Name _____, SS# XXX-XX-_____, Phone # _____ Request that a consortium/contractual agreement be made on my behalf for _____ semester, 20____, between:

1. Host Institution

and

Home Institution



Financial Aid Office
1115 N. Roberts Street
Helena, Mt 59601
Fax: (406)447-6397

Classes to be taken at the Host Institution:

Home Credits: _____

<u>Class #</u>	<u>Class Name</u>	<u>Credits</u>	
_____	_____	_____	Total enrollment credits at both Host and Home Institutions: Enter total credits. _____
_____	_____	_____	
_____	_____	_____	

I certify the above-named student has been approved for course work at the Host/Home School and that the credits will be accepted toward the student's degree at Helena College University of Montana or the Host School. (In some cases these credits will be transferred to a four year institution and signature should be from Host school Registrar).

Advisor/Registrar	Printed Name/ Title	Date	Telephone
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2. Completed by Financial Aid at Host Institution

3. Home Institution Section

Total Credits _____ Period of Enrollment
From _____
To _____

Total Credits _____
Semester _____

Tuition & Fees	\$ _____
Books & Supplies	_____
Room & Board	_____
Other Expenses	_____
Total	\$ _____

Tuition & Fees	\$ _____
Books & Supplies	_____
Room & Board	_____
Other Expenses	_____
Total	\$ _____

Host Institution's Signature _____ Printed Name & Title _____

Home Institution Signature _____

Date _____ Telephone _____

Date _____

1. The institutions named above agree to enter into an agreement as allowed by Part 668019, Student Assistance Gen. Provisions.
2. The Host institution agrees NOT to provide financial assistance to the student for the term as listed,
3. In case the student withdraws from school, the Host institution agrees to promptly notify Helena College in writing so that adjustments or cancellation of aid can be made where appropriate.

I certify that the information provided on this form is true and complete to the best of my knowledge. By signing this form I acknowledge that I have read and agree with the terms stated on the Student Certification Agreement, accompanying this form. **I understand that I am responsible for paying any charges at the Host Institution. I have read the Student Certification Agreement (Initials)** _____

Student's Signature

Date



Student Certification for Consortium/Contractual Agreement

1. I understand that either Host or Home Institution may decline to participate in this consortium agreement.
2. I understand that I must be fully accepted in a certificate or undergraduate degree program at Helena College and that courses I am taking at the Host Institution must be transferable and apply toward my degree at Helena College and/or the Host Institution.
3. I understand that I must be registered at the Host school before any Title IV financial aid will be disbursed to me from Helena College.
4. **I understand that it is my responsibility to pay for costs at the Host school** and other costs not covered by financial aid.
5. Aid can be disbursed only after I have an official award and verification of enrollment, but no earlier than the census date based upon Helena College's calendar.
6. I understand that if the Host institution does not have an agreement with Helena College, I must make arrangements to transfer credits earned from the Host Institution to Helena College at the end of the term of the Host Institution. An official transcript from the Host Institution is required whether or not I complete or pass the course(s), if grades are to be counted at Helena College's program for academic purposes.
7. I understand that financial aid for future terms will not be released until transfer credits have been received and satisfactory progress has been met. Helena College Financial Aid Office will request these in my behalf from host school.
8. I understand repayment of financial aid, including loans, disbursed by Helena College may be required if I (1) drop during the refund period, (2) withdraw (officially or unofficially), or (3) credits are not transferred to Helena College, if applicable.
9. By my signature on the Application for Consortium/Contractual Agreement I authorize the Host Institution listed to release enrollment, financial and academic information to the Helena College.

MONTANA UNIVERSITY SYSTEM
Request for Refund
of Excess Fees Paid Because of Simultaneous Attendance
at Two Campuses of the Montana University System

Name				Social Security Number	
	LAST NAME	FIRST NAME	M.I.		
Mailing Address					
	P.O. BOX OR STREET ADDRESS		CITY	STATE	ZIP
Names of Campuses Attended					
Dates of Attendance					
Receipt Numbers					
Signature				Date	

FOR OFFICE USE ONLY

Institution Names		Institution A		Institution B		Total Credits
1	Credits Carried					
2	Health Service Fees					
3	Student Activity Fees					
Computation of Refund		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
		Actual Amount Paid	Normal Cost for Total Cr. (Line 1 Total) at Campus Rate	Actual Amount Paid	Normal Cost for Total Cr. (Line 1 Total) at Campus Rate	TOTAL Amount of Refund (Col. 1 + 3)
4	Registration Fees					
5	Incidental Fees					
6	Building Fees					
7	Nonresident Building Fees					
8	Nonresident Incidental Fees					
9	TOTALS					
10	Ratio of credit hours taken at each unit over total credit hours					
11	Amount that should have been paid (Line 9 [column 2 or 4] X Line 10)					
12	Enter amount from Line 11					
13	Amount of refund (Line 9 - Line 12)					
14	Add: Refund* for activity and health service fees at one unit if paid at both					
15	TOTAL refund (Line 13 + Line 14)					

* This refund entails relinquishment of student activity and health service identification cards at the unit where the student resided for the minor portion of the semester.

Prepared By				
	NAME AND TITLE	CAMPUS	SIGNATURE	DATE