

CONSORTIUM AGREEMENT

from), the host i	G		olorado Mesa University, the home institution ,and (the college you are taking class sial assistance to the student named below:
•		_	
Name of Studer	nt:	S ⁻	tudent IdentificationNumber:
Home Address:	·		Phone:
The above nam	ned student is taking the following o	course(s) from:	
Course ID	Course T	Γitle	
Course ID	Course 1	Γitle	
Dates of Enrollr	ment: From	to	Academic Year:
hours through transferred bac permission to	Colorado Mesa University per s ck to Colorado Mesa University	semester. My sati as noted on the a	stated. I am also taking a minimum of 6 credit sfactorily completed course credit will be attached transfer agreement. I also give (host institution) to release my grade
Student Signatu	ure:		Date:
_			Date:
_	sor's Signature:		
Academic Advis	sor's Signature:	MPLETED BY HOS	
Academic Advisonal Cost (please include Portion of the academic Advisor)	TO BE CONsts for Consortium Period tuition, fees, room and board)	MPLETED BY HOS	ST INSTITUTION
Academic Advisonal Cost (please include Portion of the academic Advisor)	TO BE CONstantiate of the standard of the stan	### ### ### ##########################	ST INSTITUTION



CONSORTIUM AGREEMENT PROCEDURE

In order for your consortium agreement request to be reviewed, the following steps must be completed. It is your responsibility to see that all steps in the process are completed and if you withdraw from your course registration, you notify the Colorado Mesa University Financial Aid office immediately.

- 1. You must take a minimum of 6 credit hours per semester at Colorado Mesa University in order to be approved for a consortium course through another Colorado institution of higher education. Exceptions to this are made on a case by case basis.
- 2. The course <u>must be completed by the end of the semester that aid was awarded</u> and grades received, even if the course is scheduled for a longer period of time.
- 3. Complete your portion of the Consortium agreement and the Transfer Agreement and both forms must be signed by your Academic Advisor. If you do not know who your advisor is, please check on your MavZone, "Student Academics" tab.
- 4. Once both of those are completed, the Registrar's office must sign the Transfer Agreement to show their approval of the consortium class. They will make a copy of the transfer agreement for their records. Please keep all papers stapled together to prevent any separation of the agreement documents.
- 5. Sign this procedure page and submit all of these documents to the Financial Aid office. Then, the CMU Financial Aid office will send the necessary documents to the host institution for approval.
- 6. Once approval from host institution has been received, your Financial Aid will be processed.
- 7. It is **your** responsibility to register AND pay for the consortium class at the host institution.
- 8. It is also your responsibility to ensure your transcript for the course is forwarded to CMU's Registrar's office within 2 weeks after the end of the pertinent semester. Failure to do so could result in suspension of the subsequent semester's aid Financial Aid suspension.

This can be a lengthy process because it requires all steps be completed before pending aid can be disbursed. Please allow enough time for each step of the process BEFORE your course begins so your Financial Aid will be processed in a timely manner. Keep in mind, your consortium agreement request may be denied at any point in the approval process and your aid may not cover the cost of the course.

Student Signature	Date

Registrar's Office 1100 North Avenue • Grand Junction, CO 81501-3122 970.248.1465 (c) • 970.248.1588 (f) • 1.800.982.6372

Transfer Agreement

Used by students who want to take class at other colleges and transfer it back in.

Name			Student ID#	ID# 700-	-		Major			
Anticipated Graduation Date	Year of MSC	SC Catalog used:	:pesr	Statu	Status During Exchange:	:xchange:	O Sophomore		O Junior	Osenior
Host Institution			City				State_			
Dates Attending: (MM/YY)			ı							
Semesters/Quarters Attending Host Institution:	st Institution:	O Fall O Winter O Spring O Summer	Winter O	Spring O	Summer					
Calendar at Host Institution: $igcup_{\mathbb{S}_6}$	Osemester OQ	O Quarter (Note: Courses taken at a campus on a quarter calendar will receive two thirds the stated hour value. Ex. 3 qtr hrs=2 sem hrs)	e: Courses stated h	taken at a c our value. E	campus on a x. 3 qtr hrs=	quarter cale: -2 sem hrs)	ndar will	receive tw	o thirds th	Φ
Host Course Number Title (Host Cat. Pg. #)	Pg. #) Host Credit Hours	MSC Course Equivalent (if possible)	MSC Credit Hours	General Education	Degree Distinction	Human Performance and Wellness	Major	Elective	Upper Division	Advisor's Initials
Example: HIST 110 U.S. History (Pg. 167)	3	HIST131	3	×						НТ
Verify the institution is accredited by the Regional Accrediting Commission of Higher Education. (See Registrar's Office for assistance.) Complete form prior to enrolling in the courses. Course(s) must be approved by your advisor, the department head, and the Registrar's Office Do Not register for the course(s) until all of the signatures are acquired. Only the course(s) which received approval will transfer. If the approved course(s) are no longer offered at the host institution, approval for the new course(s) which received approval will transfer. If the approved course(s) are no longer offered at the host institution, approval for the new course(s) which received approval will transfer. If the approved course(s) are no longer offered at the host institution, approval for the new course(s) which received approval will transfer the another college may not be repeated at Colorado Mesa University policy states that lower division courses (100 & 200) cannot be used for upper division courses (300 & 400). The completed course(s) need a "C" or higher. Any "P" or "S" grades must be equivalent to a "C" or higher. Advisor: Date: Date: Date: Date: Date: Date: Date: Negaistrar's Office: Input Date: Input Date: Input Date: Registrar's Office Input Date: Input Date: Registrar's Office Input Date: Input Date:	ne Regional Accrete the courses. advisor, the depa advisor, the depa as) until all of the ed approval will the colorado Mesa that lower divisichal transcript radent will not bacce. Date: ACCR:	editing Commisciples and the second and the second are an expected at an University. The sent for "S" grades and the sent for "S" grades and the sent for a sent for	ssion of Higher Educand the Registrar's (a acquired.) approved course(s) approved course(s) action the college for immost be equivalent from the host institution the host instit	ssion of Higher Educat and the Registrar's Off acquired. approved course(s) a other college for impr 0 & 200) cannot be us must be equivalent to rom the host institutio Department Head:	ting Commission of Higher Education. (See Regist ment head, and the Registrar's Office gnatures are acquired. Inster. If the approved course(s) are no longer offe peated at another college for improvement of the liversity. Solution and the host institution directly to College sent from the host institution directly to College to The liversity. Department Head: Begistrar's Office:	ting Commission of Higher Education. (See Registrar's Office for assistance.) nent head, and the Registrar's Office nsfer. If the approved course(s) are no longer offered at the host institution, peated at another college for improvement of the original grade and course(siversity. "S" grades must be equivalent to a "C" or higher. Ist be sent from the host institution directly to Colorado Mesa University. Department Head: Begistrar's Office: Input Date: Input Date: Input Date: Input Date: Initials: Department Head: Initials: Date: Date	e for ass e host in rade and rses (300	stitution, a stitution, a course(s) 8 400). Date:	approval for taken at	<u> </u>