

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634

EMAIL: FINANCIALAID@CMICH.EDU WEBSITE: WWW.FINANCIALAID.CMICH.EDU

2025-2026 CONSORTIUM AGREEMENT

What is a consortium agreement?

A consortium agreement is a binding contract between eligible schools which enables you to receive financial aid from Central Michigan University (CMU) while being enrolled as a guest student at another school. **Central Michigan University is considered your home school and the school you are visiting is referred to as the host school.**

	COMPLETED BY THE S	TODENT		
Student Nam	e (please print)	Campus ID Number	Phone Number	
Permanent H	ome Address			
Email Addres	s			
section sectio	nd agree: only be eligible for finar on II. Courses must be a comply with CMU's and	accepted by CMU to fulfill gra	garding refunds, impact of drops and withdraws,	
I will awar	notify both institutions if d is based on enrollmer	I drop or withdraw from any	of my courses. I understand that my financial aid end of the semester. I understand that	
 I understand that SAP will be impacted if I do not successfully complete my courses or if I do not provide my host school transcript to CMU. 				
• I und	erstand institutional tuit	ion-based funds cannot be ap	pplied to coursework taken at the host institution.	
I understand I must be enrolled in at least 6 UG credit hours to be eligible for federal student loans.				
scho			on CMU's disbursement schedule. If the host disbursement, it is my responsibility to pay them	
			related to my enrollment and financial aid	



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2025-2026 CONSORTIUM AGREEMENT (CONTINUED)

II. TO BE COMPLETED BY THE STUDENT'S ACADEMIC ADVISOR OR DEPARTMENT CHAIRPERSON				
Advisor Name	Phone			
Department Name				
By signing below, I certify that the student named a	bove has been approved to enroll at			
	(host school) for the following courses:			
Course:	Course:			
Course:	Course:			
Course:	Course:			
I further certify that the credit hours earned in this prog	gram with a C- or better will fulfill degree requirements at CMU.			
Advisor/Chair Signature	Date			
Enrollment Period: From (Date):	To (Date):			
Number of credits in which the student is currently of Cost of Attendance for enrollment period stated above				
Tuition & Fees:				
Room and Board:				
Transportation:				
Miscellaneous:				
TOTAL:				
As a representative of the host institution, you agree to:	, , ,			
Financial Aid Officer Signature	Printed Name			
Date	Phone			



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2025-2026 CONSORTIUM AGREEMENT (CONTINUED)

TO BE COMPLETED BY THE CMU OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

The student listed above is a degree-seeking student at Central Michigan University. Under this agreement, the CMU Office of Scholarships and Financial Aid:

- Will process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium semester.
- Will make available applicable consumer information required under Title IV.
- Certifies that the student is making Satisfactory Academic Progress (SAP) toward the completion of his or her degree at Central Michigan University.
- Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
- Will calculate returns of Title IV, when appropriate.
- Will maintain Title IV recordkeeping and reporting requirements.

CMU Financial Aid Director Signature	Printed Name
Date	Phone