



SMU<sup>SM</sup>

## *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*

2015-2016



### ***Consortium Agreement Instructions & Checklist***

#### **Completed**

\_\_\_\_\_ **Submit the completed "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 Section A and Section B of the Consortium Agreement.** Once the student sections are completed, forward the two page agreement to the host institution. The host institution will complete, and return, the agreement directly to your Financial Aid Advisor.

\_\_\_\_\_ **Submit the Course Evaluation Form** to your Academic Advisor, Deans Office, or the person designated by your Academic Department with authorization to approve your coursework at the host institution.

\_\_\_\_\_ **Complete the Direct Deposit enrollment** which is located in the "My SFspace" section once you log into Access.SMU. (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.)

\_\_\_\_\_ **Follow up** to make sure the Host Institution has returned the completed Consortium Agreement to SMU.

SMU<sup>SM</sup>*Consortium Agreement*

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## *Consortium Agreement*

### *“Permit to Study Away”*

**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 abroad. 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 abroad and that, to the best of your knowledge, studying abroad will help him/her meet his/her academic objectives.

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

Please return this form directly to your Financial Aid Advisor.



SMU

## Consortium Agreement

### Consortium Agreement Course Evaluation Request Form (UNDERGRADUATE Programs Only.)

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

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

Dates (terms) planned to study away: **(Fill in the Year)**

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

Fall 201\_\_ Spring 201\_\_ Summer 201\_\_

#### Step 2: Students & Evaluators: Complete the chart below as indicated.

##### Student Section:

List all courses in which you plan to enroll at the host institution

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##### Evaluator Section:

List the SMU course equivalent and the number of credit hours

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#### 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 \_\_\_\_\_



# SMU

## Consortium Agreement

*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.*

### 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 name:** \_\_\_\_\_ **SMU ID:** \_\_\_\_\_ **Host School ID (if known)** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Academic Program of Study:** \_\_\_\_\_

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

**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:** \_\_\_\_\_



# SMU

## Consortium Agreement

### SECTION C: HOST SCHOOL CERTIFICATION

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

- Not to provide any financial assistance to the above named student during the specified consortium term(s) with the exception of institutional fee waivers with the prior notification to SMU
- Notify SMU of any change in the enrollment status of the above named student during the specified consortium period or term.
- Release the academic transcript of the above named student reflecting the consortium course(s) directly to SMU at the close of the specified consortium term.
- Provide 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 \_\_\_\_\_

Cost of Attendance for term(s) indicated above:

(Additional comments as needed)

Tuition: \$ \_\_\_\_\_

Fees: \$ \_\_\_\_\_

Books/Supplies: \$ \_\_\_\_\_

Housing: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Misc. costs: \$ \_\_\_\_\_

Total COA \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

#### Host School Consortium Administrator Authorization

\_\_\_\_\_  
(Administrator Signature)

\_\_\_\_\_  
(Administrator Print Name)

\_\_\_\_\_  
(Administrator Address)

\_\_\_\_\_  
Contact Telephone

\_\_\_\_\_  
Contact FAX #

### SECTION D: 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.

\_\_\_\_\_  
SMU Financial Aid Administrator (signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

PO Box 750181 • Dallas TX 75275-0181 • Phone: 214-768-3417

All Undergraduate Programs Fax: 214-768-3878

All Graduate Programs Fax: 214-768-4119