



## Individual Consortium Agreement

Financial Aid  
2715 Dickinson  
Miles City, MT 59301  
Phone: (406)874-6208  
Fax: (406)874-6283

Miles Community College (MCC) students who plan to concurrently enroll at a **host institution** during a term may use this form to document course work and costs at the host institution. Under this agreement, MCC will act as the **home institution** (the institution administering financial aid and awarding your degree). MCC will disburse financial aid, monitor Satisfactory Academic Progress, and report enrollment at MCC to the National Student Loan Clearinghouse. Only the home institution may disburse financial aid for the term. **MCC will not process agreements with quarter or clock-hour schools.** For more information please contact our office at [finaid@milescc.edu](mailto:finaid@milescc.edu).

### Student Section:

Name \_\_\_\_\_ MCC ID # \_\_\_\_\_  
Host School \_\_\_\_\_ Host School ID # \_\_\_\_\_  
# of credits for consortium agreement term: \_\_\_\_\_ at MCC, \_\_\_\_\_ at Host School  
Term/Year \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_

### General Requirements & Notices:

1. You must attach an official copy of your registration or class schedule at the host school (i.e. no screenshots). The financial aid office at your host school must document your registration and sign this form.
2. **You must be taking a minimum of 6 credits** at the home institution for the entire term to be eligible to receive and keep your financial aid. If you drop any courses, your financial aid could be returned, creating a balance on your student account.
3. The home school Academic Advisor must certify that the coursework at the host institution is applicable to your degree plan.
4. Courses taken at the host school will be treated the same for Satisfactory Academic Progress (SAP).
5. You must submit an official transcript from the host school at the end of the term. We will hold financial aid for future terms until we receive the transcript.
6. It is your responsibility to report changes in enrollment during the term. If you drop all courses at both schools, the home school will perform a Return of Title IV Funds calculation and may return funds to federal accounts. This could result in a bill on your student account.
7. Financial aid will be disbursed according to the home school disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.
8. **You are responsible for paying tuition, fees and other charges at the host school.**
9. You understand and authorize both schools to share information about your educational records.
10. The home school will **only accept consortium agreement forms through the 4<sup>th</sup> day summer and 6<sup>th</sup> day of fall/spring term.**

Your signature below indicates that you have read and that you understand the requirements and notices above.

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

**PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS**

**Miles Community College Academic Advising:**

MCC credit hours \_\_\_\_\_ + Host credit hours (list course(s) below) \_\_\_\_\_ = Total credit hours: \_\_\_\_\_  
(6 credit min)

Host School Course Info:

Course Number	Course Title	Number of Credits

Note: You may will need to submit proof of enrollment

Student's Degree Program: \_\_\_\_\_

As the student's academic advisor, I certify that the course(s) the student is enrolled in at the HOST school are applicable to the degree, either as a program requirement or as a general education. Further, the student has not previously earned credit for these coursed, nor has the student transferred these coursed to MCC. I have confirmed with the student that his/her current degree program is accurate in MCC's records.

MCC Academic Advisor signature: \_\_\_\_\_ Date \_\_\_\_\_

**Submit to the Host school for completion by their financial aid office:**

The student: ☐ is ☐ is not receiving federal and/or state financial aid at our institution.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Institution	Address	Zip Code
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**Please return this form to:**

Miles Community College  
Financial Aid Office  
2715 Dickinson  
Miles City, MT 59301  
Fax: (406) 874-6283  
[Secure Document Upload](#)