Office Use Only:
CONSOR
Status_____

Submit all documents directly to Lucy Candal-Fernandez:
fernandezl@mail.montclair.edu

MONTCLAIR
STATE UNIVERSITY

Undergraduate Consortium Agreement
(to maintain Financial Aid funding while enrolled at Another Institution)

If you register for 12 or more credits as an undergraduate student at Montclair State University for the semester listed below, you do not need to complete this form. Graduate students must speak to the Graduate School

Student Name _____ Student CWID#_____

Semester you plan to co-enroll: Fall 20_____ Spring 20_____ Summer 20_____

Other Institution Name _____

Other Institution Address _____

_____

Credits to be taken at Other Institution _____ Credits at Montclair_____

Important Items:

- **Please submit the following documents along with this form to the email provided above:**
  - **A copy of the approved Coursework at Another Institution request email.**
  - **Your Bill and Registration Confirmation from the other institution must be attached**
- In order to receive any financial aid funds from Montclair while under a consortium agreement, the other institution must be willing to sign the required agreement. This form will be emailed to you once we have received the above documents.
- **You are responsible for paying your bill at the other institution. Montclair will not send any payments to another institution. In most cases, you will receive your aid from Montclair after you pay the other school.**
- Only Federal aid will be processed if you are visiting another institution. NJHESAA regulations do not permit Montclair to disburse state grant funds (TAG, EOF, GSG, NJ Stars) unless the student is registered full-time at Montclair.
- Once the Montclair Financial Aid Office receives all necessary documentation from you and a signed agreement from the other school, you will be registered for Credit Hours at Montclair (no charges).
- You must ensure that an official transcript from the other institution is sent to the Montclair Office of the Registrar within 30 days of the end of the term in order to keep your financial aid. Failure to do this may result in the cancellation of some/all of your aid.

It is your responsibility to advise this office if you do not complete the class(es) at the other institution.

Return: **this Form, "Coursework at Another Institution Request"approval email, Copy of the Bill and Registration from the Other Institution** to the Financial Aid Office per instructions above.

I hereby understand and agree to all the requirements listed above:

_____ _____

Signature Date