



**Return Form to:**  
 Financial Aid Office  
 College of Menominee Nation  
 PO BOX 1179  
 Keshena, WI 54135

Ph: 715.799.6226    [financialaid@menominee.edu](mailto:financialaid@menominee.edu)  
 Fax: 715.799.5602    [www.menominee.edu](http://www.menominee.edu)

## Financial Aid Consortium Agreement

PLEASE COMPLETE SECTION I OF THIS FORM AND FORWARD SECTION II TO THE HOST INSTITUTION.

### SECTION I. TO BE COMPLETED BY THE STUDENT

Name  SSN

Address  City  State  Zip

Phone -- Email

Institution	College of Menominee Nation			Course #	Course Name	# of Credits	Tuition & fees
Term:	FA <input type="text"/>	SP <input type="text"/>	SU <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Enrollment:	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of Credits Enrolled:	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### By signing this consortium agreement, I (the student) agree to:

- Receive confirmation from CMN's Registrar's Office that course(s) will transfer back into student's degree program upon successful completion per CMN policy.
- Enrollment in at least one 3-credit course at College of Menominee Nation.
- Notify the Financial Aid Office at CMN if there is a change in my enrollment status at either institution.
- Authorize the Host institution to release any required information to finalize my financial aid at CMN.
- Take responsibility for payment arrangements at the Host institution.
- Have all of my financial aid processed only at CMN.
- Submit an official transcript to CMN's Admission's Office upon completion of the term.

<input type="text"/>	<input type="text"/>
Student's Signature	Date
<input type="text"/>	<input type="text"/>
Registrar's Signature	Date
<input type="text"/>	<input type="text"/>
Financial Aid Office Signature	Date

### Section II on backside needs to be completed by the host (visiting) Institution

**SECTION II. TO BE COMPLETED BY THE HOST (VISITING) INSTITUTION**

The student listed above is seeking a degree or certificate from the College of Menominee Nation (CMN) and plans to enroll at the Host institution listed below. This Consortium Agreement will allow CMN to disburse financial aid based on the student's combined enrollment at both institutions. CMN is responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and reporting federal requirements. Once CMN fees are paid, CMN will refund any excess financial aid to the student. **The student is responsible for payment of all charges at the Host institution.**

Name of Host Institution:	<input type="text"/>			Course #	<input type="text"/>	Course Name	<input type="text"/>	# of Credits	<input type="text"/>	Tuition & fees	<input type="text"/>
Term:	FA <input type="text"/>	SP <input type="text"/>	SU <input type="text"/>	<input type="text"/>							
Dates of Enrollment:	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of Credits Enrolled:	<input type="text"/>			<input type="text"/>							

**UNDER THIS AGREEMENT, THE HOST INSTITUTION:**

- Will notify CMN of any course changes or withdrawals.
- Will **NOT** process any federal or state aid during the above period of enrollment.

Authorized Signature                      Date

(Area code) Telephone Number

Print Name & Title

E-Mail