



College of
Menominee
Nation

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

Ph: 715.799.6226 financialaid@menominee.edu
www.menominee.edu

Financial Aid Consortium Agreement

PLEASE COMPLETE SECTION I OF THIS FORM AND FORWARD FORM TO THE VISITING INSTITUTION FOR COMPLETION OF SECTION II.

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	SP	SU				
Dates of Enrollment:		to					
# of Credits Enrolled:							

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

- ✓ Receive confirmation from the CMN Registrar's Office that course(s) will transfer back into the student's degree seeking program upon successful completion per CMN policy.
- ✓ Enroll in at least one 3-credit course at CMN.
- ✓ Notify the CMN Financial Aid Office 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 visiting institution.
- ✓ Have all of my financial aid processed only at CMN.
- ✓ Submit an official transcript to CMN upon completion of the term.

Student's Signature

Date

Registrar's Signature

Date

Financial Aid Office Signature

Date

Section II on the backside needs to be completed by the Visiting Institution

SECTION II. TO BE COMPLETED BY THE 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 visiting 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 visiting institution.**

Name of Visiting Institution:				Course #	Course Name	# of Credits	Tuition & fees
Term:	FA	SP	SU				
Dates of Enrollment:		to					
# of Credits Enrolled:							

UNDER THIS AGREEMENT, THE VISITING 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