

Financial Aid Office  
 Consortium Agreement Between Home Institution of Martin Methodist College  
 And

\_\_\_\_\_

Name of Host Institution

An Agreement form is required for a student to receive Pell and/or Lottery funds to attend an institution other than Martin Methodist College. Therefore, the institutions below have entered into an Agreement.

<b>I. TO BE COMPLETED BY STUDENT</b>
Student Name: _____ Social Security Number: _____
Mailing Address: _____ Phone Number: _____
I fully authorize the above institutions to release all information pertaining to my Financial Aid application. I certify that my enrollment includes only courses that will apply toward my degree from Martin Methodist College.
_____ Student's Signature

<b>II. TO BE COMPLETED BY STUDENT &amp; SIGNED BY MARTIN METHODIST COLLEGE REGISTRAR OR ASSISTANT REGISTRAR.</b>																					
Please list course(s) (taken at the Host Institution) that are applicable to the student's program of study at Martin Methodist College. Six credit hours are required for the student to be evaluated for federal financial aid.																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 25%;">Course #</th> <th style="text-align: left; width: 50%;">Course Title</th> <th style="text-align: left; width: 25%;">Credit Hours</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Course #	Course Title	Credit Hours	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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I certify the successfully completed courses indicated above will transfer to the student's program of study at Martin Methodist College.																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-top: 1px solid black;">_____ Signature</td> <td style="width: 33%; border-top: 1px solid black;">_____ Title</td> <td style="width: 33%; border-top: 1px solid black;">_____ Date</td> </tr> </table>	_____ Signature	_____ Title	_____ Date																		
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<b>III. TO BE COMPLETED BY FINANCIAL AID OFFICE AT HOST INSTITUTION.</b>												
_____ certifies that the above student has registered as a transient student for												
(Institution) _____												
(Term) _____												
<b>Enrollment Data:</b>												
Dates of attendance _____ to _____												
Total credit hours of enrollment _____												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Cost of Attendance:</b></td> </tr> <tr> <td style="width: 60%;">Tuition/Fees</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Books/Supplies:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Room/Board:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Miscellaneous/Travel</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><b>Total Cost of Attendance:</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table>	<b>Cost of Attendance:</b>		Tuition/Fees	\$ _____	Books/Supplies:	\$ _____	Room/Board:	\$ _____	Miscellaneous/Travel	\$ _____	<b>Total Cost of Attendance:</b>	<b>\$ _____</b>
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<b>Total Cost of Attendance:</b>	<b>\$ _____</b>											
<b>Please provide appropriate signature on Page 2.</b>												

## CERTIFICATION

Martin Methodist College agrees to award, process and disburse Pell and/or Lottery Financial Aid, calculate and distribute refunds, and monitor student eligibility for the term(s) indicated on Page 1.

Martin Methodist College agrees to accept credit for courses successfully completed at the Host Institution for the term(s) indicated on Page 1.

The Host Institution agrees **NOT** to disburse any Pell and/or Lottery to the student referred to on Page 1 and to provide a transcript of the student's academic record at the end of the specified term(s). The Host Institution agrees to notify the Martin Methodist College Financial Aid Office if the student fails to begin a class, drops a class, or withdraws.

Signature	Martin Methodist College (Financial Aid)	Date
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Host Institution Signature (Financial Aid)		Date
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Name of Host Institution		Telephone
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Address

Return Completed Form to:

Martin Methodist College  
Office of Financial Aid  
433 West Madison Street  
Pulaski, TN 38478  
Fax to: 931-363-9822