



# CONSORTIUM AGREEMENT

To be used by students who are degree-seeking at MACC  
and taking classes at another institution.

**Semester: FALL 2026**

**DEADLINE TO SUBMIT THIS FORM: September 4, 2026**

|                                |                        |
|--------------------------------|------------------------|
| Student Name (Last, First, MI) | MACC Student ID Number |
|--------------------------------|------------------------|

*Please make sure your address, email, and phone are current with Student Affairs Office at MACC.*

**In order to receive federal, state and institutional aid at Moberly Area Community College, I understand:**

- ☐ I must submit the required FAFSA and all supplemental documents requested by the MACC Financial Aid Office.
- ☐ I must be degree-seeking at MACC.
- ☐ I must enroll in classes required for my MACC degree (my enrollment status is based on classes required for my MACC degree and is evaluated each semester on the last day to drop classes with 100% refund, referred to as the "lock-in date").
- ☐ Enrollment changes made after initial submission of this form may change the financial aid I have been awarded.
- ☐ If I receive a student loan I must remain enrolled in a minimum of six (6) credit hours at MACC to be eligible.
- ☐ I must complete a consortium agreement each semester I am enrolled at the Host Institution and the consortium agreement must be completed, signed and submitted to the MACC Financial Aid Office **NO LATER THAN the last day to drop classes with a 100% refund, referred to as the "lock-in date" (the date is provided above).**
- ☐ If I do not submit the consortium agreement by the established deadline, my enrollment at the Host Institution will not be included in my enrollment status, which may impact my eligibility for some financial aid programs, such as the Federal Pell Grant, Federal Student Loans, Missouri A+ Scholarship, and the Access Missouri Grant.
- ☐ My Satisfactory Academic Progress (SAP) will be evaluated at the end of each semester and will include all courses in which I am enrolled (even if they are not eligible for financial aid).
- ☐ I must read the additional guidelines listed on page two of this form.

I authorize MACC (home institution) and the Host Institution (named below) to share information pertaining to my financial aid eligibility, third-party payment/scholarships, student account (billing), and academic history (including transcripts).

|                   |      |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|--|
| <b>This is an agreement between Moberly Area Community College (MACC) and the Host Institution named below.</b>                                                                                                                                                                                                                                                                                                                                   |                   |                                        |  |
| <b><u>SIGNATURE OF AGREEMENT BY HOST INSTITUTION</u></b>                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                        |  |
| We agree to the terms and procedures stated on page two of this form. This student has been admitted as a visiting student, and is enrolled in the semester indicated below. A copy of the student's schedule is attached. A complete list of all institutional charges, tuition and fees (including housing and meals, if applicable) for the semester, is attached. Our institution agrees no financial aid will be processed for this student. |                   |                                        |  |
| <b>Name of Host Institution</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                        |  |
| <b>Student ID #</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | <b>Number of credit hours enrolled</b> |  |
| <b>Enrollment period</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Begin Date</b> | <b>End Date</b>                        |  |
| <b>Complete Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                        |  |
| <b>Email Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | <b>Phone Number</b>                    |  |
| <b>Authorized Official Printed Name</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                   | <b>Signature and Date</b>              |  |

|                                                                                                                                                                                                                                                                                                                                                                     |                     |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| <b><u>CERTIFICATION BY MOBERLY AREA COMMUNITY COLLEGE</u></b>                                                                                                                                                                                                                                                                                                       |                     |                           |
| This is to certify that the student named above is a degree-seeking student at MACC. They have our permission to take the following courses, which are required as part of their degree program, at the Host Institution during the enrollment period indicated above and to transfer them back to MACC upon completion, to be applied toward their degree program. |                     |                           |
| <b>Course Number</b>                                                                                                                                                                                                                                                                                                                                                | <b>Course Title</b> | <b>Credit Hours</b>       |
|                                                                                                                                                                                                                                                                                                                                                                     |                     |                           |
|                                                                                                                                                                                                                                                                                                                                                                     |                     |                           |
|                                                                                                                                                                                                                                                                                                                                                                     |                     |                           |
| <b>MACC Registrar (or designee) Printed Name</b>                                                                                                                                                                                                                                                                                                                    |                     | <b>Signature and Date</b> |

## INSTRUCTIONS TO STUDENT

1. Complete and submit this form each semester by the deadline printed on the top of page 1. If you miss the deadline your eligibility for some financial aid programs will be impacted.
2. Update your personal information (name, address, phone number) in your permanent file in Student Affairs, when needed.
3. The cost of attendance on which financial aid will be determined will be based on your combined tuition and fees from both schools; housing and food costs may be adjusted if you contract these services with either institution.
4. Financial aid processed by, and received at, MACC will be applied to your balance due to MACC first, and any funds remaining will be issued to you by MACC's Business Office. ACH deposits are available, but you are required to set up the process with the MACC Business Office.
5. You are responsible for setting up a payment plan with the Host Institution, and paying all charges directly to the Host Institution's Cashier's Office.
6. Notify the MACC Financial Aid Office of any change to your enrollment during the semester (adds and/or drops).
7. You must maintain MACC's Satisfactory Academic Progress (SAP) standards in order to receive and maintain eligibility for financial aid. A copy of this policy is available online and is included with your financial aid offer letter.

## INSTRUCTIONS TO THE HOST INSTITUTION OFFICIALS

1. The student named on page one of this form has been admitted to MACC as a degree-seeking student.
2. MACC shall administer and disburse all financial aid for this student during the period of enrollment indicated on page one.
3. The student's financial aid award calculation will be based on the courses required for the degree the student is seeking at MACC, which may include courses taken at each institution.
4. No financial aid will be processed by the Host Institution; all third-party and private scholarship payments will be reported to MACC's Financial Aid Office.
5. Share information with MACC pertaining to enrollment, institutional charges and additional financial aid received at the Host Institution (charges include tuition, fees and contracted housing and meal plans).
6. The Host Institution agrees to notify the MACC Financial Aid Office in the event of any change in the student's enrollment status. Notification will include affirmation the student began attendance or never attended. Last day of attendance must be reported for all withdrawals. Notice should occur within fourteen days from the date of enrollment change.
7. This agreement can be canceled by either institution upon written notification.
8. At the conclusion of each semester, the Host Institution will send an official transcript to MACC for monitoring of Satisfactory Academic Progress.
9. Provide exact dates of enrollment for the semester in which the student plans to be a visiting student.
10. By signing this form, you certify the student is enrolled as a visiting student at your institution and no financial aid will be processed for the student while attending as a visiting student.

## INSTRUCTIONS TO MACC OFFICIALS

1. The Registrar, or representative, must sign this form, certifying the student named on page one has permission to take the courses listed at MACC and the courses are required for the student's MACC degree.
2. The MACC Financial Aid Office will process financial aid for this student for the semester indicated.
3. MACC will review financial aid eligibility for this student and will collect and retain all records needed to determine eligibility for federal, state and institutional financial aid programs (including grants, loans, scholarships and work-study).
4. MACC will determine enrollment status for aid eligibility based on combined courses required for MACC degree.
5. The Cost of Attendance on which financial aid will be determined will be based on the combined tuition and fees from both schools, in addition to the standard allowances MACC uses for living expenses, books/supplies, miscellaneous and transportation. The housing and food costs may be adjusted if contracted with the Host Institution, but are not student specific; MACC is required to use the COA for housing and food the Host Institution uses for their on-campus students.
6. MACC will issue an offer letter to disclose financial aid programs offered, as well as disbursement dates, and the terms of financial aid being offered. Additionally, the offer letter will provide policies for Satisfactory Academic Progress and the Return to Federal Funds for dropped classes.
7. MACC will verify SAP (Pace and GPA) at the conclusion of each semester after the Host Institution issues official transcript (or report).