

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

CONSORTIUM AGREEMENT

Request for A	dditional Pell and/	or MAP due to enrolli	nent at 2 schools for the following term:	
	Fall 2025	Spring 2026	Summer 2026	
Student Name		Student ID#		
			SU for the fall or spring semesters, ligible for a Consortium Agreement.	
Host School Name		Host Scho	ool Student ID	
Documentation from Hos (Documenta		ames of courses, numbe	er of credit hours, and cost information.)	
Course Name at Hos	t School	Credit Hours to be earned	Signature of GSU Academic Advisor *Signature verifies that the course is approved and that the course(s) will transfer and be applied toward GSU degree. Must receive a C grade or above.	
2. Attached the red3. Request approvtransferrable to	quired documentation ral and signature from GSU and be applied tov	your GSU Academic Advi vards your degree require	sor. (Courses taken at a host school must be	t GSU.
GSU Advisor Name		GSU e-mail		
 Office of Finance Consortium Agretime may take u Students must a 	cial Aid at Governors eements will be proces p to 4 weeks. dhere to payment poli	State University. ssed after registration is cies at the "Host" school.	fficial grade report from the "host" institution t finalized (1-2 weeks after classes begin). Proce ents will be awarded additional aid at GSU.	
Student Signature		Date		