

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

## **CONSORTIUM AGREEMENT**

Request for Ad	lditional Pell and/c	or MAP due to enrolln	nent at 2 schools for the following term	l <i>:</i>
	Fall 2026	Spring 2027	Summer 2027	
Student Name		Student ID#		
requirements for the t	erm the consortiun credit hours at Go	n is to be processed fo	lents must meet minimum enrollment for. For <b>fall or spring</b> terms, students m n <b>er</b> term, students must be enrolled in d	
Host School Name:		Host School Student ID:		
Documentation from Host (Documenta		mes of courses, numbe	er of credit hours, and cost information.)	
Course Name at Host	School	Credit Hours to be earned	Signature of GovState Academic Advisor *Signature verifies that the course is approved and that to course(s) will transfer and be applied toward GovState de Must receive a C grade or above.	
<ul><li>2. Attached the req</li><li>3. Request approva transferrable to G</li></ul>	uired documentation of all and signature from your overstate and be applied leted form along with	your GovState Academic Il towards your degree red	Advisor. (Courses taken at a host school must i	
GovState Advisor Name:_		GovState e-mail:		
<ul> <li>Office of Financi</li> <li>Consortium Agre time may take up</li> <li>Students must ad</li> </ul>	al Aid & Scholarship ements will be proces to 4 weeks. here to payment polic	s at Governors State Un sed after registration is f ries at the "Host" school.	fficial grade report from the "host" institution niversity. finalized (1-2 weeks after classes begin). Proceeds the students will be awarded additional aid at Governments.	cessing
Student Signature		Date		