A consortium agreement is a written contract between two or more eligible institutions enabling students to take coursework at different institutions simultaneously for the purpose of completing a degree. Under such an agreement, students may take courses at TROY and have those courses count toward the degree at JSU. JSU is the institution that will grant the student’s degree. It is also the institution that will process, award, and disburse the financial aid. TROY will be responsible for certifying the student’s enrollment status and the costs for tuition and fees. To receive loans from JSU, the student’s enrollment status (the combination of hours between JSU and TROY) must be at least six hours.

Listed below are the guidelines that apply to students interested in participating in a consortium agreement:

1. Students must be degree seeking and making satisfactory progress toward a degree.

2. Each class taken at TROY must be considered a requirement of the degree that the student is seeking.

3. Students are responsible for completing the student section of the consortium application and submitting a scanned copy to the College of Nursing and Health Sciences (CNHS) MSN program office. A scanned copy should be emailed to pritchard@jsu.edu. JSU CNHS is responsible for submitting the consortium application to the Financial Aid Office at TROY for completion. A scanned copy should be emailed to Angela Johnson, Director of Financial Aid, ajohnson@troy.edu and a copy to Tamara Jones, Registrar, tjones@troy.edu. Once completed, TROY will email the completed agreement to Vickie Adams vadams@jsu.edu.

4. Consortium agreements are not applications for extra financial aid. Consortium agreements merely allow a student to get the same amount of financial aid he or she would normally receive for registering for all of his or her classes at JSU. Furthermore, **JSU does not automatically send funds to TROY on behalf of the student.** Financial aid is only applied to a student’s bill at JSU. If a credit balance is created by financial aid funds, a refund is processed and released to the student.

5. Consortium agreements for financial aid expire at the end of each semester. Therefore, students seeking to participate in a consortium agreement for more than one semester must reapply with a new application each semester.

6. At the conclusion of the consortium semester, students must submit a copy of their unofficial grade transcripts from TROY to the Office of Student Financial Services at JSU to determine if the student meets Satisfactory Academic Progress Standards. Failure to provide the transcript will prohibit aid from being processed for subsequent semesters.

7. Student’s will be responsible for requesting official transcripts be sent to the Graduate Studies Office at JSU. This request can be after each semester or at the end of the academic year.

8. Student will be responsible for payment of charges incurred at Troy by posted due dates.
CONSORTIUM APPLICATION

TO BE COMPLETED BY STUDENT:

Student’s Name_________________________________

JSU ID#_______________________  TROY ID#_______________________

Enrollment Dates at TROY: from (mm/dd/yr) to (mm/dd/yr)

Number of semester credit hours enrolled at TROY___________________________________

List Course(s) #

Number of semester credit hours enrolled at JSU  _____________________________________

List Course(s) #

TO WHOM IT MAY CONCERN:

My signature below verifies that the above information is correct and the coursework I am enrolled for at TROY will lead to a degree at Jacksonville State University. In addition, I understand there are specific regulations I must adhere to in order to meet Satisfactory Progress Standards. Also, any deviation of courses from the pre-approved courses may result in the loss of federal and JSU financial aid for the following semester. Furthermore, my signature indicates my permission for TROY to provide enrollment information and permission to release my grades, verbally or written, to Jacksonville State University’s Office of Student Financial Services.

_________________________________________   ___________________________
Student signature      Date

Student Last Name      First Name   M.I.

Telephone Number      JSU email address

TO BE COMPLETED BY JSU ACADEMIC ADVISOR

The student listed above intends to enroll in the following course(s) at TROY. These courses are the academic equivalent to JSU courses listed.

Course: ______________________________ JSU Equivalent: ______________________

Course: ______________________________ JSU Equivalent: ______________________

My signature below confirms that the courses to be taken at TROY will be accepted as partial fulfillment of the requirements for the above named student’s degree at JSU.

____________________________________ __________________________________
Academic Advisor Signature     Date

_____________________________________ _____________ _________________
Academic Advisor Printed Name   Phone #  Email Address
TO BE COMPLETED TROY

The above student has indicated enrollment at TROY and JSU for the semester indicated. In order for our office to process financial aid for this student, we are requesting the following information as specified by the consortium agreement between our institutions.

Credit hours enrolled___________ Course(s)_____________________________________

Tuition and Fees $___________

By signing this agreement TROY verifies that the student listed above will not receive financial aid during the term in attendance from TROY. Any enrollment changes must be faxed to 256-782-5476; Attention: Financial Aid Director.

___________________________ ___________________________
TROY Representative         Title of TROY Representative

____________________________ _____________________
Signature       Date

____________________________ _____________________
TROY Telephone Number    TROY FAX Number

TO BE COMPLETED BY JSU OFFICE OF STUDENT FINANCIAL SERVICES

Course load at JSU___________ Course load at TROY_______________

Tuition and Fees $___________

Room and Board $___________

Books and Supplies $___________

Personal $___________

Travel $___________

Jacksonville State University will process all financial aid for the student in accordance with its policies and procedures. The student will receive any unused portions as a refund.

____________________________ _____________________
Signature and Title       Date

Please return or fax completed form promptly to:
Vickie Adams - Director, Office of Student Financial Services
Jacksonville State University
vadams@jsu.edu
Main Office: 256-782-5006       Fax: 256-782-5476