Application for Consortium/Contractual Agreement

Name _____, SS# XXX-XX-_____, Phone #_____ Request that a consortium/contractual agreement be made on my behalf for _____ semester, 20___, between:

1. Host Institution and Home Institution

HELENA COLLEGE
UNIVERSITY OF MONTANA

Financial Aid Office
1115 N. Roberts Street
Helena, Mt 59601
Fax: (406)447-6397

Classes to be taken at the Host Institution: Home Credits: _____

Class #	Class Name	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total enrollment credits at both Host and Home Institutions: Enter total credits. _____

I certify the above-named student has been approved for coursework at the Host/Home School and that the credits will be accepted toward the student's degree at Helena College University of Montana or the Host School.
(In some cases these credits will be transferred to a four-year institution and signature should be from Host school Registrar).

_____ _____ _____ _____
Advisor/Registrar Printed Name/ Title Date Telephone

2. Completed by Financial Aid at Host Institution

Total Credits _____ Period of Enrollment
From _____
To _____

Tuition & Fees	$ _____
Books & Supplies	_____
Room & Board	_____
Other Expenses	_____
Total	$ _____

_____
Host Institution's Signature Printed Name & Title

_____ _____
Date Telephone

3. Home Institution Section

Total Credits _____
Semester

Tuition & Fees	$ _____
Books & Supplies	_____
Room & Board	_____
Other Expenses	_____
Total	$ _____

_____
Home Institution Signature

_____
Date

1. The institutions named above agree to enter into an agreement as allowed by Part 668019, Student Assistance Gen. Provisions.
2. The Host institution agrees NOT to provide financial assistance to the student for the term as listed,
3. In case the student withdraws from school, the Host institution agrees to promptly notify Helena College in writing so that adjustments or cancellation of aid can be made where appropriate.

I certify that the information provided on this form is true and complete to the best of my knowledge. By signing this form I acknowledge that I have read and agree with the terms stated on the Student Certification Agreement, accompanying this form. I understand that I am responsible for paying any charges at the Host Institution. I have read the Student Certification Agreement (Initials) _____

_____ _____
Student's Signature Date

Updated: 10/2025

Student Certification for Consortium/Contractual Agreement

1. I understand that either Host or Home Institution may decline to participate in this consortium agreement.
2. I understand that I must be fully accepted in a certificate or undergraduate degree program at the Host Institution and that courses I am taking at Helena College must be transferable and apply toward my degree at the Host Institution.
3. I understand that I must be registered at the Helena College before any Title IV financial aid will be disbursed to me from the Host institution.
4. I understand that it is my responsibility to pay for costs at the Helena College and other costs not covered by financial aid.
5. Aid can be disbursed only after I have an official award and verification of enrollment, but no earlier than the census date based upon Host Institution's calendar.
6. I understand that if Helena College does not have an agreement with the Host Institution, I must make arrangements to transfer credits earned from Helena College to the Host institution at the end of the term at Helena College. An official transcript from the Helena College is required whether or not I complete or pass the course(s), if grades are to be counted at the Host institution's program for academic purposes.
7. I understand that financial aid for future terms will not be released until transfer credits have been received and satisfactory progress has been met. The Host institution's Financial Aid Office will request these in my behalf from Helena College.
8. I understand repayment of financial aid, including loans, disbursed by the Host Institution may be required if I (1) drop during the refund period, (2) withdraw (officially or unofficially), or (3) credits are not transferred to the host institution, if applicable.
9. By my signature on the Application for Consortium/Contractual Agreement I authorize Helena College to release enrollment, financial and academic information to the listed Host Institution.

MONTANA UNIVERSITY SYSTEM

Request for Refund
of Excess Fees Paid Because of Simultaneous Attendance
at Two Campuses of the Montana University System

Name				**Social Security Number**	
	LAST NAME	FIRST NAME	M.I.		
Mailing Address					
	P.O. BOX OR STREET ADDRESS	CITY		STATE	ZIP
Names of Campuses Attended					
Dates of Attendance					
Receipt Numbers					
Signature				**Date**	

FOR OFFICE USE ONLY

	Institution Names	Institution A	Institution B	Total Credits
1	Credits Carried			
2	Health Service Fees			
3	Student Activity Fees			

	Computation of Refund	COLUMN 1 Actual Amount Paid	COLUMN 2 Normal Cost for Total Cr. (Line 1 Total) at Campus Rate	COLUMN 3 Actual Amount Paid	COLUMN 4 Normal Cost for Total Cr. (Line 1 Total) at Campus Rate	COLUMN 5 TOTAL Amount of Refund (Col. 1 + 3)
4	Registration Fees					
5	Incidental Fees					
6	Building Fees					
7	Nonresident Building Fees					
8	Nonresident Incidental Fees					
9	TOTALS					
10	Ratio of credit hours taken at each unit over total credit hours					
11	Amount that should have been paid (Line 9 [column 2 or 4] X Line 10)					
12	Enter amount from Line 11					
13	Amount of refund (Line 9 - Line 12)					
14	Add: Refund* for activity and health service fees at one unit if paid at both					
15	TOTAL refund (Line 13 + Line 14)					

* This refund entails relinquishment of student activity and health service identification cards at the unit where the student resided for the minor portion of the semester.

Prepared By				
	NAME AND TITLE	CAMPUS	SIGNATURE	DATE