



Mott Community College/Flint/ Southeastern MI Regional Center

(Partnership for Financial Aid students attending both Ferris State University and Mott Community College)

This form **must be filled out each semester** before aid for consortium students can be disbursed even if you are enrolled in FSU or Mott classes only. It is assumed that you have already filed your Free Application for Federal Student Aid (FAFSA).

Specify the semester you are applying for: Summer 20____ Fall 20____ Spring 20____
(May-Aug) (Aug-Dec) (Jan-May)

1. Student Name: _____

2. Student ID #: _____ Phone: (____) _____

3. Email Address: _____

4. Number of **Ferris State University** hours in which you are enrolled. _____

5. Number of **Mott Community College** hours being carried for above semester _____
Classes must be applicable to the Ferris degree program that you are enrolled in.
Attach a copy of class schedule.

6. Are you eligible for any other form of tuition supplement through a waiver or employer reimbursement?
 Yes No **(If yes, please provide documentation.)**

7. As a consortium student, I authorize the appropriate staff members of the financial aid, business, and registrar offices at Ferris and Mott to exchange information on my application, to discuss my financial situation and to provide each other with necessary academic information such as hours attempted, hours completed and course grades each semester so that satisfactory progress can be determined.

FSU Curriculum: _____ Signature: _____ Date: _____

Checklist (all criteria must be met before eligibility for financial aid can be determined):

48 transferable credits or associates degree accepted by Ferris State University.

I have completed this form and have attached a copy of my Mott class schedule.

Please mail or fax this form with your Mott class schedule to: **FAX: (810) 232-8430**

Southeast Michigan Regional Center/FSU

1401 E. Court, MMB 1008
Flint, MI 48503-2089
866-387-9430

Students: Do not write below this line.

<u>For Dean's Office Use:</u>	<u>Financial Aid Office Use:</u>
Complete for current semester (F, SP, S /Year): _____	RAR _____
FSU Hours: _____	SHAT _____
Mott Hours applicable to FSU degree: _____	SGA _____
	RBAB _____
	WRD _____
	SFA _____
Total combined hours toward degree: _____	
Dean's office designee or advisor signature: _____	Date: _____
Dean's Office: Return completed form to:	Office of Scholarships and Financial Aid
	Ferris State University
	1201 S. State St. CSS 201 T
	Big Rapids, MI 49307
	Attn: Chris Higley