Southeastern Oklahoma State University/		(Host Institution)	
	Consortium Agreement		
Please Print		Circle Semester Attending Below FALL SPRING SUMMER Year	
Last Name First Na	me Social Security Num		
	OURSES MUST BE REQUIRED F		
Department/Course#	Course Title	TTACHED LISTING THE COURSES BELOW**  Number of Credit Hours	
Sample MTH 1513	College Algebra	3	
REASON FOR ENROLLING:		Office U	
***CAREFULI Eligibility  -You must be enrolled in -This consortium agreeme -You can receive financia -You must notify SE Stude completely withdraw duri -You must provide the SE transcripts after the complete of the second of t	at least <u>six (6) hours</u> at SE while condent is valid for one (1) semester and application only one institution, Southern Financial Aid of any changes mading the term specified, you may be required. Admissions office <u>AND</u> the Student etion of each semester or a hold may eturned to the SE Student Financial Ault in a delay in receiving financial aid asyment of your Course(s) by the dead of been disbursed at SE. The consortion.	de to your schedule. If you drop credit hours or quired to repay financial aid (including loans).  Financial Aid Office with an official copy of your	
By signing this form I have read a	nd understand this consortium agreen	nent.	
by signing this form I have read a	nd understand this consortium agreen	nent.	
STUDENT SIGNATURE	DATE	 ∃	
CERTIFICATION: The host insti-	tution agrees <b>NOT</b> to provide federal	funds to the above mentioned students for this term.	
SIGNATURE/TITLE AT HOST	NSTITUTION	DATE	

ADDRESS

**PHONE** 

NAME OF INSITUTION