

Consortium Agreement

Please Print

Circle Semester Attending Below

Fall      Spring      Summer  
Year

\_\_\_\_\_  
Last Name                      First Name                      Student ID

**ALL COURSES MUST BE REQUIRED FOR YOUR SOSU DEGREE**

**\*\*A SCHEDULE FROM YOUR HOST INSTITUTION MUST BE ATTACHED LISTING THE COURSES BELOW\*\***

Department/Course#	Course Title	Number of Credit Hours
<b>Sample</b> MTH 1513	College Algebra	3

**Your Southeastern Oklahoma State University Academic Advisor must approve the above classes to verify that they will be applied towards your current course of study here at SE.** \_\_\_\_\_

Academic Advisor Signature

Date

**\*\*\*CAREFULLY READ CONSORTIUM REQUIREMENTS AND SIGN BELOW\*\*\***

**Eligibility**

- This consortium agreement is valid for one (1) semester and approved only for the courses that are required.
- You can receive financial aid from only one institution, Southeastern Oklahoma State University.
- You must notify SE Student Financial Aid of any changes made to your schedule. If you drop credit hours or completely withdraw during the term specified, you may be required to repay financial aid (including loans).
- You must provide the SE Admissions office **AND** the Student Financial Aid Office with an official copy of your transcripts after the completion of each semester or a hold may be placed on your account.

**Due Date**

- Must be completed and returned to the SE Student Financial Aid Office by the first week of school each semester. Failure to do this may result in a delay in receiving financial aid disbursement for the specified term.

**Tuition Statement**

- You are responsible for payment of your Course(s) by the deadline established at your host institution even if your financial aid funds have not been disbursed at SE. The consortium agreement does not delay payment of tuition and fees at your host institution.

**YOU MUST PAY HOST INSTITUTIONS TUITION AND FEES OUT OF POCKET WHEN DUE**

By signing this form I have read and understand this consortium agreement:

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

CERTIFICATION: The host institution agrees **NOT** to provide federal funds to the above mentioned students for this term.

\_\_\_\_\_  
SIGNATURE/TITLE AT HOST INSTITUTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF INSITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

Upon completion please return this form to: Southeastern Oklahoma State University, Student Financial Aid Office  
425 W. University Blvd. Durant, OK 74701-0609 Fax: (580) 745-7469