Consortium Agreement

CIRCLE ONE:  FALL  SPRING  SUMMER  YEAR: 20_____

_____________________________________________           ______________________________________       ________________________

LAST NAME (PLEASE PRINT)                               FIRST NAME (PLEASE PRINT)                               STUDENT ID

*ALL COURSES MUST BE REQUIRED FOR YOUR RSU DEGREE PLAN*
***A SCHEDULE MUST BE ATTACHED LISTING THE CLASSES BELOW***

<table>
<thead>
<tr>
<th>DEPT/ COURSE #</th>
<th>COURSE TITLE</th>
<th># CREDIT HOURS</th>
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Reason for attending other school:__________________________________________________________________________________________________________

RSU ACADEMIC ADVISOR MUST APPROVE THE CLASSES LISTED ABOVE TO GO TOWARDS YOUR CURRENT COURSE OF STUDY AT RSU, BY SIGNING BELOW.

Academic Advisor Name    Signature    Date

CAREFULLY READ CONSORTIUM REQUIREMENTS AND SIGN BELOW

• Must be enrolled in at least 6 hours at RSU while concurrently enrolled to be eligible for financial aid.
• This agreement is valid for the current semester only and approved only for the courses that are required.
• You can receive financial aid from one institution, RSU.
• You must notify RSU Financial Aid & Scholarships of any changes made to your schedule. If you drop credit hours or withdraw completely during the term specified you may be required to repay financial aid (including loans).
• You must provide the RSU Admissions Office an official copy of your transcript after the completion of each semester.
• Failure to complete the above classes or provide RSU with grades could jeopardize approval of future consortium requests.
• Must be completed and returned to the RSU Financial Aid & Scholarships by the first week of school each semester. Failure to do so may result in a delay in receiving your financial aid disbursement for the term.
• You are responsible for payment of your courses by the deadline established at your host institution, even in the event that financial aid funds have not been disbursed by the RSU Bursar’s Office. This agreement does not delay payment of tuition and fees at your host institution.
• You give permission for the Home & Host institutions to exchange academic and financial aid information, including transcripts.

By signing this form, I certify that I have read and understand this consortium contract:

Student Signature    Date

Certification: The Host institution agrees NOT to provide federal funds to the above mentioned student for this term:

Name/ Title of Certifying Official at Host Institution    Signature    Date

Name of Institution    Address    Phone

Please Return Form To:
RSU Financial Aid
1701 W. Will Rogers Blvd., Claremore, OK 74017
918.343.7553 (phone) | 918.343.7598 (fax) | finaid@rsu.edu | http://www.rsu.edu/admissions/financial-aid-scholarships/