



## CONSORTIUM AGREEMENT

**Carl Albert State College** | \_\_\_\_\_

(Home Institution)

(Host Institution)

You can only receive certain types of aid from one institution at a time. With this approved form, you may receive Federal Pell Grant from Carl Albert State College for enrollment at both institutions.

Student Name:	CASC ID:
Phone Number:	Date of Birth:
Semester/Year: <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	

Please list the courses you are enrolled in at the **Host Institution** and attach a copy of that schedule.

Department/Course #	Course Title	# of Credit Hours
<i>Ex: ENGL 1113</i>	<i>Freshman Composition I</i>	<i>3</i>

**Reason for enrolling:** \_\_\_\_\_

- If you drop credit hours or withdraw completely during the term specified, you may be required to repay a portion of the aid received.
- This agreement is valid for one (1) semester and only for the courses approved on this form.
- You must submit an official transcript to the CASC Admissions Office after the completion of each semester at the Host Institution.
- **YOU** are responsible for payment of your course(s) by the deadline established at the Host Institution even if your financial aid funds have not been disbursed completely.

By signing this form, I certify that I have read and understand this agreement and its requirements.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY THE CASC ADMISSIONS OFFICE:**

I certify that the credit hours from the Host Institution will count toward the student's degree requirements and, to the best of my knowledge, will transfer and be recorded on the student's CASC transcript.

\_\_\_\_\_  
**CASC Admission's Signature/Title**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY THE HOST INSTITUTION'S FINANCIAL AID OFFICE:**

**CERTIFICATION:** The Host Institution agrees to **NOT** provide Federal Pell Grant to the above-mentioned student for the semester indicated on this form.

\_\_\_\_\_  
**Host Institution's Signature/Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Institution**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

<b>FAA Use Only:</b>	<input type="checkbox"/> Approved	Sign/Initial: _____	Date: _____
	<input type="checkbox"/> Denied: _____		