



Carl Albert State College
FINANCIAL AID

To Return Electronically:
myCarlAlbert Student Portal:
Attachment Upload (if available)
Email: financialaid@carlalbert.edu
Fax: 918-647-1227

To Return in Person or by Mail:
Poteau Office: Hemphill Hall – HH102
1507 S. McKenna, Poteau, OK, 74953
Sallisaw Office: Mayo – 8002
1601 S. Buddy Spencer Ave, Sallisaw, OK, 74955

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 be considered to receive Federal Pell Grant and/or Federal Direct Student Loans from Carl Albert State College (CASC) for enrollment at both institutions.

This also means you will be ineligible for Pell and may be ineligible for Loans at the Host Institution.

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.

Course Name/# Ex: ENGL 1113	Course Title Ex: Freshman Comp. I	# of Credit Hours Ex: 3

What is your Reason for enrolling at two institutions during the same semester?

- ✓ If you drop any classes 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 Registrar's Office after the completion of each semester at the Host Institution.
- ✓ **YOU** are solely responsible for payment of your course(s) by the deadline established at the Host Institution even if your financial aid funds at the Home Institution have not been verified or 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 REGISTRAR'S OFFICE (located in Admissions):

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's Registrar 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 FA Signature / Title

Date

Name of Institution

Address

Phone

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