



CONSORTIUM AGREEMENT
 Office of Financial Aid and Scholarships
 P.O. Box 3011 Commerce, TX 75429 Phone: 903-886-5096
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FAO.Web@tamuc.edu

Office Use Only AGREEF/AFRESP
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This form will not be processed until after the Census Date at A&M-Commerce.

To be eligible for consideration: You must: meet Satisfactory Academic Progress; be in a degree - seeking program; and take only courses that transfer toward your degree at Texas A&M University-Commerce.

Please submit to FAO when ALL parts are complete.

Fall & Spring Consortiums will require no less than 6 credit hours of enrollment at Texas A&M -Commerce to be eligible for processing.

DEADLINE for submission of Fall and/or Spring consortium(s) is 15 days after the First class day of the term the consortium agreement is being submitted for at Texas A&M University-Commerce.

Part 1: Student completes this section. The “Host” institution is the school you are taking classes at and that will transfer to your degree here at Texas A&M University-Commerce.

Name: _____ Campus Wide ID: _____

Phone: (_____) _____ Semester/Year: ____/____ “HOST” school: _____

I understand that I must provide an academic transcript from the “Host” school within 30 days of completing the semester and I will report any drops or withdrawals immediately. If I withdraw from Texas A&M-Commerce this consortium agreement is cancelled. This consortium agreement is valid only for the semester indicated above. I understand that I am responsible for tuition/fees at the “Host” school.

Student Signature: _____ **Date:** _____

Part 2: Texas A&M-Commerce Academic Advisor/Success Coach completes this section: Please list the courses the student is taking at the “Host” school. **(If Part 3 is not completed, please send back to student)**

Course Name & Number	Credit Hours	Course Name & Number	Credit hours

I certify that the above listed courses the student is taking at the “Host” school are applicable and will transfer directly to their program of study at Texas A&M -Commerce.

Academic Advisor Name: _____ **Academic Advisor Signature:** _____

Date: _____ Phone: (_____) _____ Email: _____

Part 3: Financial Aid Office at the “Host” school completes this section- **Please confirm the information in Part 2.**

Tuition and Fees for course(s) reported above \$ _____ Number of Credits Enrolled _____

Period of Enrollment _____ to _____ Campus _____

By signing this form, the host institution agrees to the following: I certify that the student whose name appears on this consortium is enrolled at our institution in the courses listed in **Part 2**. The host institution will not provide financial assistance to the above named student for the term specified in this consortium agreement.

 Financial Aid Administrator’s Signature

 Date

 Phone Number