EAST TEXAS A&M

Office Use Only
AGREFA

CONSORTIUM AGREEMENT

Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, TX 75429 Phone: 903-886-5096 Fax: 903-886-5098
FAO.WEB@etamu.edu

This form will not be processed until after the Census Date at East Texas A&M.

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 East Texas A&M University.

Please submit to FAO when ALL parts are complete.

*Effective November 1, 2015. Spring & Fall Consortiums **will** require no less than 6 credit hours of enrollment at East Texas A&M to be eligible for processing.*

*Summer Consortiums **will not** require enrollment at East Texas A&M. Only federal financial aid will be applicable.*

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 East Texas A&M University.*

Name: _____ Campus Wide ID: _____

Phone: (_____) _____ Semester/Year: _____/_____ "HOST" school: _____

I understand that I must provide an official 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 East Texas A&M University this consortium agreement is cancelled. This consortium agreement is valid only for the semester indicated above. The courses taken at the "host" will be considered towards my Satisfactory Academic Progress status. I understand that I am responsible for tuition/fees at the "Host" school.

Student Signature: _____ Date: _____

Part 2: East Texas A&M Academic Advisor completes this section: Please list the courses the student is taking at the "Host" school. (Return to student once completed)

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 East Texas A&M University.

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_____

Room/Board Charges for semester (N/A if not applicable) $ _____

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**