



<b>Office Use Only</b> <b>AGREFA</b>
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### 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@tamuc.edu](mailto:FAO.WEB@tamuc.edu)

**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.**

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

*Summer Consortiums will not require enrollment at Texas A&M -Commerce. 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 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**