

SUMMER- 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

Office Use Only AGRESU

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.web@tamuc.edu when ALL parts are complete.

Summer Consortiums <u>will not</u> require enrollment at Texas A&M -Commerce . Only federal financial aid will be applicable.

<u>DEADLINE</u> for submission of summer consortium is 5 days after the First class day of the summer term the consortium agreement is being submitted for at Texas A&M University-Commerce.

<u>Part 1:</u> Student completes this section. The "at Texas A&M University-Commerce.	'Host" institutioi	n is the school you are taking clas	ses at and that will transfer to your degree here	
Name:		Campus Wide ID:		
Phone: () Year:/		"HOST" school	ol:	
I understand that I must provide an academic drops or withdrawals immediately. If I withdra agreement is valid only for the semester indicates	aw from Texas A	&M-Commerce this consortium		
Student Signature:		Date:		
Part 2: Texas A&M-Commerce Aca the student is taking at the "Host" so		3 is not completed, please		
Course Name & Number	Hours	Date when class starts	Date when class ends	
I certify that the above listed courses the stude at Texas A&M -Commerce.	nt is taking at th	e "Host" school are applicable an	nd will transfer directly to their program of study	
Academic Advisor Name:		Academic Advisor	r Signature:	
Date: Phone: ()		Email:		
Part 3: Financial Aid Office at the "	Host" school	completes this section- Ple	ease confirm the information in Part 2.	
Tuition and Fees for course(s) reported above \$		Nu	mber of Credits Enrolled	
Period of Enrollment	to	Car	Campus	
By signing this form, the host institution is enrolled at our institution in the courses an named student for the term specified in this	listed in Part 2	. The host institution will not p	dent whose name appears on this consortium rovide financial assistance to the above	
Financial Aid Administrator's Signature		Date	Phone Number	