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.

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**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: ____________________________

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**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)

<table>
<thead>
<tr>
<th>Course Name &amp; Number</th>
<th>Credit Hours</th>
<th>Course Name &amp; Number</th>
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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: ____________________________

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**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 __________________________