



A&M
COMMERCE

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@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 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 Texas A&M-Commerce 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: 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 _____

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 _____