

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

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.

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 "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 <u>30 days</u> of completing the semester and <u>I will report any</u> <u>drops or withdrawals immediately</u>. 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:

<u>Part 2:</u> Texas A&M-Commerce Academic Advisor/Success Coach completes this section: Please list the courses the student is taking at the "Host" school. (<u>If Part 3 is not completed</u>, 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				

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:

Email:

Date:

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 <u>Part 2</u>. The host institution will not provide financial assistance to the above named student for the term specified in this consortium agreement.

Phone: