



# Consortium Agreement

Financial Aid Office  
1100 E. 14th  
PMB A-8  
Ada, Oklahoma 74820  
Phone: 580-559-5243  
Fax: 580-559-5638

Student's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*Instructions are provided on the back of this form.*

## Student Section:

Indicate the school where you are currently degree-seeking: \_\_\_\_\_

Enrollment period: (Attach a copy of your schedule.) \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

I certify that I have read and understand the Consortium Agreement Instructions provided on the back of this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## School Section:

The student indicated above is applying for financial aid at East Central University based on a consortium agreement. As the degree-granting institution, ECU will calculate and pay federal financial aid after taking into account the student's enrollment status and costs at the other institution(s).

### Please provide the following information:

Name of Institution: \_\_\_\_\_

Average cost of Tuition and Fees for a Full Time student: \$ \_\_\_\_\_

Enrollment period: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer

Hours enrolled: \_\_\_\_\_

Course Names: \_\_\_\_\_

Course #'s: \_\_\_\_\_

I confirm that the above mentioned student \_\_\_\_\_ is \_\_\_\_\_ is not a degree seeking student at our institution and \_\_\_\_\_ will \_\_\_\_\_ will not receive financial aid for the applicable period. If the student will receive aid, please indicate amount(s) and the source(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
F.A. Administrator Signature & Title

\_\_\_\_\_  
Date

## CONSORTIUM AGREEMENT INSTRUCTIONS

1. A consortium agreement allows a student to receive financial aid for classes taken from more than one school for the same period of enrollment.
2. **The school that will be granting the student's degree will provide the financial aid.**
3. **The student should complete only the student section of the Consortium Agreement Form and send the form with a copy of his/her enrollment to the Financial Aid Office at the school that will not be providing financial aid.** This school will forward the completed form to the degree granting school.
4. **Courses taken from all schools should apply to the degree the student expects to receive from the degree-granting school.** Some courses may apply as electives. Students should seek assistance from Advisors or Registrar Offices to determine if classes will apply to degree plan.
5. **Students must enroll in a minimum of 6 credit hours at the degree-granting school.**
6. The student is responsible for insuring that the Consortium Form is received by the Financial Aid Office at the degree-granting school in a timely manner (prior to the first day of the semester if possible).
7. **Students funded through a consortium will receive financial aid for all eligible classes. The student is then responsible for using this aid to pay tuition, fees, books, and other institutional charges incurred at the other schools.** Correspondence courses are not eligible for funding.
8. **The student must notify the degree-granting school if he/she drops the course(s), withdraws, stops attending, or changes enrollment at any time during the semester.**
9. The student must provide an official academic transcript to the degree-granting school at the end of each term.
10. **Students who transfer at mid-year (between Fall and Spring semesters) to another school need to contact the Financial Aid Offices at both schools. Financial Aid does not automatically transfer from one school to another.**

NOTE: Please contact the Financial Aid Administrator at the school you plan to receive financial aid from (i.e. the degree-granting school) if you have any questions or if you have extenuating circumstances. Some schools may waive one or more of these requirements upon approval of the Financial Aid Administrator.