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 will not require enrollment at Texas A&M -Commerce. Only federal financial aid will be applicable.

DEADLINE 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.

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: __________________________

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)

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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: ____________________________

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 ____________________