

## **Enrollment Services Center**

1250 Siskiyou Blvd Ashland, OR 97520 T: (541) 552-6600 F: (541) 552-6614

## SOU Graduate Consortium Agreement for Term 20

- Submit this form EVERY TERM you plan to attend OIT and SOU completed with all applicable signatures and a copy of your term schedule by the 10<sup>th</sup> before the term begins. We do not accept wait-listed or partial registration.
- It is your responsibility to provide a copy of the transcript from the Host School (OIT) at the end of the term; aid for following terms will not be released before your grades at both schools are checked at the end of the term.
  - o Turn in this form completed to finaid@sou.edu or the ESC
  - A copy of your OIT term schedule
  - o Your SOU Academic Advisor Signature
  - A Financial Aid Officer Signature from OIT
  - At the end of the term: A copy of your OIT term grades

Financial Aid Officer at the Host School (REQURIED FOR ALL STUDENTS)

| Deadlines for 2019-20       |
|-----------------------------|
| Fall: September 16th, 2019  |
| Winter: December 23rd, 2019 |
| Spring: March 16, 2020      |
| Summer: June 1st, 2020      |

Date

| Student Last Name |  | Student First Name        | MI                        | SOU ID Number      |                | Other College ID      |  |
|-------------------|--|---------------------------|---------------------------|--------------------|----------------|-----------------------|--|
|                   |  |                           |                           | SOU Email:         |                |                       |  |
| ther Colle        |  |                           |                           |                    |                |                       |  |
|                   |  |                           |                           |                    |                | @SOU.ed               |  |
|                   | eement (Please READ and ch   |                           |                           |                    |                |                       |  |
|                   | It is my responsibility as the student for making payment arrangements at the Host School. The Host School may require payment of your tuition and fees by their due date. Check the Host School's policy. All completed Financial           |                           |                           |                    |                |                       |  |
|                   | d payments disburse accordir   |                           |                           | s policy. All col  | пріетей гіпа   | IICIdI                |  |
|                   | I understand I will be funded by SOU and all financial aid records for the period will be maintained in the financial aid office   |                           |                           |                    |                |                       |  |
|                   | at that school. If I receive any scholarships or financial aid at the Host School, it is my responsibility to report it to SOU.  |                           |                           |                    |                |                       |  |
|                   | I will be responsible for maintaining enrollment for the period of this agreement at the Host School and must provide a  |                           |                           |                    |                |                       |  |
|                   | ppy of my transcript from the H  |                           |                           | uture aid will b   | oe released. I | also understand       |  |
|                   | ourse changes are not allowed  |                           | _                         | _                  | _              |                       |  |
|                   | I understand these courses will be subject to SOU Financial Aid Standards of Satisfactory Academic Progress. See   |                           |                           |                    |                |                       |  |
|                   | https://inside.sou.edu/enrollment/financial-aid/aid-process/satisfactory-academic-progress.html for more details.  I understand this agreement is valid only for courses listed below which pertain to my program of study. Any changes will |                           |                           |                    |                |                       |  |
|                   |  |                           |                           | talli to my pro    | grain or stud  | y. Arry Crianges will |  |
|                   | require a new completed agreement to be submitted before the deadline.  I understand I must be enrolled in my courses prior to submitting this form. Wait-listed and audited courses do not count  |                           |                           |                    |                |                       |  |
|                   | towards enrollment.  |                           |                           |                    |                |                       |  |
| □ la              | ☐ I authorize the sharing of information regarding financial aid, grades, and other related academic issues between SOU and  |                           |                           |                    |                |                       |  |
|                   | e other listed college. I ackn   |                           | ed responsibility to e    | ensure that the    | e informatio   | n on which my aid is  |  |
|                   | based is complete and accurate.  |                           |                           |                    |                |                       |  |
|                   | I understand that full-time is 9+ credits, three-quarter time is 7-8 credits, and half-time is 5-6 credits. <b>There is no Direct</b>  |                           |                           |                    |                |                       |  |
|                   | Student Loan funding available to students taking less than 5 credits. I understand that if I drop a course at the Host School, it is my responsibility to notify SOU on the date I drop the   |                           |                           |                    |                |                       |  |
|                   | ourse(s).  | ii se at tile Host School | i, it is illy responsible | ity to notiny 30   | JO OII tile ua | te ruiop tile         |  |
| y signing tl      | his form, I acknowledge that if  |                           |                           |                    |                |                       |  |
|                   | eceive any form of Title IV Fina   |                           | nts, Subsidized Loans     | s, etc.) for the o | courses listed | below.                |  |
| tudent's Si       |  | Date                      |                           |                    |                |                       |  |
|                   |  |                           |                           |                    |                |                       |  |
| ubject Cod        | le Course Title  | Credit Hours              | Distance Learning         | Start Date         | End date       | Date Registered       |  |
| ,                 |  |                           | Y/N                       |                    |                |                       |  |
|                   |  |                           | Y / N                     |                    |                |                       |  |
|                   |  |                           | Y/N                       |                    |                |                       |  |
|                   |  |                           | Y/N                       |                    |                |                       |  |
| OU Adviso         | or:  | , certify that the a      | bove courses apply        | to the student     | 's program o   | of study of:          |  |
|                   |  |                           |                           |                    |                |                       |  |
| )U Academ         | ic Advisor (REQUIRED FOR AL  | L STUDENTS)               |                           |                    | Dat            | ce                    |  |
| onfirm tha        | t financial aid will not be paid   | from our institution      | and that the registra     | tion abovo is a    | ccurato (Ha    | rt School)            |  |
| minim tild        | t illialicial alu will flot be palu  | monitour institution a    | mu mat me registra        | LIUII ADUVE IS A   | iccurate (HO   | ot scribbij.          |  |