



**SOU Graduate Consortium Agreement for Term      20**

- Submit this form EVERY TERM you plan to attend OIT and SOU completed with all applicable signatures. 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.
  - Turn in this form completed to [finaid@sou.edu](mailto:finaid@sou.edu)
  - A copy of your OIT term schedule
  - 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

**Deadlines for 2023-24**

**Fall: October 6th, 2023**

**Winter: January 19th, 2024**

**Spring: April 12th, 2024**

**Summer: June 21st, 2024**

Student Last Name	Student First Name	MI	SOU ID Number	Other College ID
<b>Other College Attending:</b>			<b>SOU Email:</b>	
			@SOU.edu	

**Terms of Agreement (Please READ and check the boxes to confirm you acknowledge the terms):**

<input type="checkbox"/> <b>It is my responsibility as the student for making payment arrangements at the Host School.</b> The Host School may require payment of your tuition and fees by their due date. Check the Host School's policy. All completed Financial Aid payments disburse according to SOU's disbursement schedule.
<input type="checkbox"/> 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.
<input type="checkbox"/> I will be responsible <b>for maintaining enrollment for the period of this agreement</b> at the Host School and must provide a copy of my transcript from the Host School once grades are posted before future aid will be released. I also understand <b>course changes are not allowed once an advisor has signed this form.</b>
<input type="checkbox"/> I understand these courses will be subject to SOU Financial Aid Standards of Satisfactory Academic Progress. See <a href="https://inside.sou.edu/enrollment/financial-aid/aid-process/satisfactory-academic-progress.html">https://inside.sou.edu/enrollment/financial-aid/aid-process/satisfactory-academic-progress.html</a> for more details.
<input type="checkbox"/> I understand this agreement is valid only for courses listed below which pertain to my program of study. Any changes will require a new completed agreement to be submitted before the deadline.
<input type="checkbox"/> I understand I must be enrolled in my courses prior to submitting this form. Wait-listed and audited courses do not count towards enrollment.
<input type="checkbox"/> I authorize the sharing of information regarding financial aid, grades, and other related academic issues between SOU and the other listed college. I acknowledge my continued responsibility to ensure that the information on which my aid is based is complete and accurate.
<input type="checkbox"/> 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 Student Loan funding available to students taking less than 5 credits.</b>
<input type="checkbox"/> <b>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 course(s).</b>

By signing this form, I acknowledge that if I do not abide by the terms listed above it will void this agreement, and I will not be eligible to receive any form of Title IV Financial Aid (Federal Grants, Subsidized Loans, etc.) for the courses listed below.

<b>Student's Signature (electronic signature NOT accepted)</b>	<b>Date</b>

Subject Code	Course Title	Credit Hours	Distance Learning	Start Date	End date	Date Registered
			Y / N			
			Y / N			
			Y / N			
			Y / N			

I, SOU Advisor: \_\_\_\_\_, certify that the above courses apply to the student's program of study of: \_\_\_\_\_

SOU Academic Advisor (REQUIRED FOR ALL STUDENTS) \_\_\_\_\_ Date \_\_\_\_\_

I confirm that financial aid will not be paid from our institution and that the registration above is accurate (Host School).

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