



## Graduate Consortium Agreement

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ MI \_\_\_\_\_  
SOU ID Number \_\_\_\_\_ Other College ID Number \_\_\_\_\_  
Other College Attending \_\_\_\_\_ Term and Year of Dual Enrollment \_\_\_\_\_

**This document must be submitted to the SOU Financial Aid office before the 100% refund deadline of the term you wish to participate in dual enrollment. For dates and deadlines please visit <https://sou.edu/student-services/dates/>**

Submit this form for every term you plan to attend OIT and SOU completed with all applicable signatures. We do not accept wait-listed or partial registration.

- Please submit to the Financial Aid at [finaid@sou.edu](mailto:finaid@sou.edu)
  - A copy of your OIT school term schedule with your SOU Academic Advisor Signature included
  - A Financial Aid Officer Signature from OIT
  - **At the end of term:** A copy of your OIT term grades

### Terms of Agreement – Please Read and check the lines to confirm you acknowledge the terms:

- \_\_\_\_\_ 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 Aid payments disbursed according to SOU's disbursement schedule. Please note Financial Aid at SOU will not post on the third week of each term.
- \_\_\_\_\_ 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 I must provide a copy of my transcript once grades are posted before future aid will be released. I also understand absolutely no course charges are allowed once an advisor has signed this form.
- \_\_\_\_\_ I understand these courses will be subject to SOU Financial Aid Standards of Satisfactory Academic Progress. See <http://www.sou.edu/enrollment/financial-aid/aid-processes/satisfact-progress.html> for more details.
- I understand this agreement is valid only for courses listed below which pertain to my program of study and that I am unable to take at SOU. Any changes will require a new completed agreement to be submitted before the deadline. Changes made after the deadline will not be accepted.
- \_\_\_\_\_ I understand I must be enrolled in my courses prior to submitting this form. Wait-listed and audited courses do not count towards enrollment.
- \_\_\_\_\_ I authorize the sharing of information regarding my 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.
- \_\_\_\_\_ I understand that full-time is 9+ credits, three-quarter time is 7-8 credits, and half-time is 5-6 credits. There is no Direct Student Loan funding available to students taking less than 5 credits. Grants and scholarships vary, see a Financial Aid Counselor.
- \_\_\_\_\_ I understand that I must obtain half my credit enrollment at SOU. For example, 9 credits between SOU and the other school requires at least 5 credits are at SOU.
- \_\_\_\_\_ I understand that if I drop a course at the listed Host School, it is my responsibility to notify SOU on the date I drop the course(s).

**Please indicate the reason that you have to take this course(s) at the host institution rather than at SOU. Attach supporting documentation.**

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**Host School Schedule:**

Subject Code	Course Title	Credit Hours	Online Course	Start Date	End Date

**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. My aid will be adjusted to reflect my SOU courses only.**

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

**I, SOU Academic Advisor: \_\_\_\_\_, certify that the above courses apply directly to the student's program of study and are not elective courses.**

SOU Academic Advisor Signature\_\_\_\_\_ Date\_\_\_\_\_

**I confirm that the above enrollment is accurate at our institution and that financial aid will not be paid from our institution during the term indicated on this form.**

Host School Financial Aid Advisor Signature\_\_\_\_\_ Date\_\_\_\_\_