



Undergraduate 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/>

Dual enrollment should only be utilized for courses that you are not able to take at SOU. They must be courses offered at SOU that you are unable to take due to the class being full or not being offered a particular term that you need to take in order to graduate on time. Supporting documentation is required. Only courses that are applicable to your degree should be taken. Elective courses do not count.

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

Submit this form every term you plan to attend another institution completed with the requirements listed above by the deadline for the term. No late forms will be accepted. Incomplete forms will not be considered on time. We do not accept wait-listed or partial registration.

Terms of Agreement – Please Read and check the boxes 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 12+ credits, three-quarter time is 9-11 credits, and half-time is 6-8 credits. There is no Direct Student Loan funding available to students taking less than 6 credits. Grants and scholarships vary, see a Financial Aid Counselor.
- _____ I understand that I must obtain half my credit enrollment at SOU. For example, 12 credits between SOU and the other school requires at least 6 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.

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_____