



GENERAL CONSORTIUM AGREEMENT

PLEASE USE BLACK INK ONLY

Part I: To be completed by the student requesting this action.

| | |
|--------------------|-------------------------|
| Student Full Name: | Student ID Number: |
| Email Address: | Home/Cell Phone Number: |

Please select the semester that applies: _____ Fall _____ Spring _____ Summer

_____ **Langston University** _____
Degree Granting Institution

The degree granting institution will award financial aid for this semester.

_____ \$ _____
Name of Host School Total # of Credits Enrolled Total Cost

Part II: To be completed by the Registrar's and Financial Aid Offices at:

_____ **Host Institution**

A. I confirm that the above named student (is/is not) a degree-seeking student.

_____ _____
Registrar/Official Institution Representative Date

B. I confirm that the named student (will/will not) receive financial aid for the applicable period.

_____ _____
Office of Financial Aid Representative Date

Eligibility Requirements:

- Student must be seeking a degree from Langston University.
- Student must be enrolled in at least 6 credit hours at Langston University.
- Student is responsible for paying Host Institution.
- Copy of the dual Enrollment form must accompany the consortium Form upon submission.
- To be honored, the Langston University Financial Aid Consortium Agreement must be completely certified by Host Institution and have enrollment schedule attached. Students must notify Langston University if he/she drops the course(s), withdraws, stops attending or changes enrollment at the Host Institution at any time during the semester.
- Failure to submit grades from other institutions, approximately 30 days after the semester ends may cause a reduction on your account and a balance owed.