

## **CONSORTIUM AGREEMENT**



	CIRCLE ONE:	FALL SPRING SUMI	MER <b>YEAR: 20_</b> _	_	
LAST NAME (PLEASE PRINT)	FIRST NAME (PLEASE PRINT)		_	CWID	
		JST BE REQUIRED FOR UST BE ATTACHED LIS			
DEPT/ COURSE #		COURSE TIT	「LE	# CREDIT HRS	
(SAMPLE) MATH 1513	COLLEGE ALGE	BRA		3	
LL EASON FOR ATTENDING OTHE	R SCHOOL:				
SUIT ACADEMIC ADVISOR MU F STUDY AT OSUIT, BYSIGNIN		E CLASSES LISTED AE	SOVE TO GO TOV	VARDS YOUR CURRENT COURSE	
ACADEMIC ADVISOR NAM	SIGNATURE		DATE		
Must be completed and returned Failure to do so may result in a You are responsible for payment financial aid funds have not be institution.	classes or provide ed to the OSUIT Of a delay in receiving ent of your courses en disbursed by Osume & Host instituti	OSUIT with grades coul ffice of Student Financial your financial aid disbur by the deadline establish SUIT. This agreement do ions to exchange acader	d jeopardize appro Services by the fir sement for the terr ned at your host in bes not delay payn nic and financial ai	oval of future consortium requests. rst week of school each semester.	
Student Signature Date					
ertification: The Host Institution a	agrees NOT to pro	vide federal funds to the	above mentioned	student for this term:	
ame / Title of Certifying Official at	Host Institution	Signature		Date	
ame of Institution	Address			Phone	
	OSL	Please return form to JIT Financial Aid & Scho			