

OFFICE OF STUDENT FINANCIAL AID

700 University Blvd, MSC 115 | Kingsville, TX 78363 | Phone: 361-593-5372 |

Consortium Agreement

 Texas A&M University - Kingsville Home School
 with Host School

 The Home school and the Host school listed above are hereby entering into a Consortium Agreement.

 SECTION I: To be completed by the Student:

 Student Name:
 TAMUK ID Number:

 Phone: (___)
 HOST School ID:

 Consortium Period: Fall 20_____Spring 20_____Summer 20_____

Under this Consortium Agreement the student will:

- Be enrolled in a degree or other recognized program at the Home school (Texas A&M University-Kingsville).
- Be enrolled at least half time (3) hours at TAMUK.
- Maintain satisfactory academic progress (SAP).
- Take courses at the Host school which are transferable to TAMUK degree or recognized credential as certified by TAMUK academic advisor.
- Notify the TAMUK financial aid office if student does not begin attendance in the courses listed and approved in this Consortium Agreement.
- Immediately inform the TAMUK financial aid office and Host school of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
- Request an academic transcript from the Host school immediately upon completion of the consortium period and submit the transcript to TAMUK's admission office.
- File a FAFSA if financial aid is wanted/or needed.
- Pay tuition, fees, and other expenses as charged by TAMUK and/or Host school.

Student Signature_		Date:
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SECTION II: To be completed by TAMUK Academic Advisor:

Number of credit hours the student is taking at the Host school: Fall 20_____ Spring 20_____ Summer 20_____ Total HRS

List the course(s) that the student is taking at the Host school which are applicable to his or her academic program at the Home school: (i.e.) ENC W 221 Professional Waiting Skills 2 hrs

(i.e.) ENG-W 231 Professional Writing Skills_3 hrs

Under this consortium agreement, the Home school (Texas A&M University-Kingsville):

1. Certifies that the student is enrolled in a degree or recognized credential at TAMUK

2. Agrees to accept the course work listed above toward the completion of the student's degree, certification, or recognized credential requirements.

3.Please provide copy of student course schedule at Host School

Academic Advisor's Signature:	Printed Name:	
Academic Department:	Date:	
Academic Advisor's Email	Phone: ()	



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SECTION III: To be completed by Host School Financial Aid:

Will the student receive financial aid or scholarships at your institution? _____Yes _____No *****If receiving scholarships, please attach a copy of scholarship award.

Under this Consortium Agreement, the Host school:

• Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.

• Will make available applicable students consumer information required under Title IV.

- Will provide the TAMUK financial aid office with documentation of the student's enrollment at the Host school.
- Agrees to notify the TAMUK if the student fails to enroll in or withdraws from, the Host school (to include the withdrawal date and other relevant information).

• At the request of the student, will provide student with an academic transcript immediately upon completion of the consortium period.

Host School Financial Aid Officer's Signature:

Printed Name:	Title:
Financial Aid Officer's E-mail Address:	Phone :()
Comments:	

Please attach the Actual Tuition and Fees for courses at host school.