2024-2025

Consortium Agreement

Student Financial Services
100 Campus Drive, Weatherford, OK 73096
Phone: 580.774.3786, Fax: 580.774.7066, Email: sfs@swosu.edu

_____	_____	_____
Name of Student	Social Security # & Student ID	Semester

This agreement is between **Southwestern Oklahoma State University** and _____, noted below as the "Host" School. Further, this completed agreement affirms this student is pursuing a _____ degree at Southwestern Oklahoma State University. Financial aid for this enrollment will only be paid by SWOSU to the student. The individuals authorized to sign below hereby agree to the following:

1. By signing below, the *Host School confirms this student is enrolled for _____ credit hours of coursework for the enrollment period beginning _____ and ending _____. The Host School also has billed the student for "fixed costs" (such as tuition and fees) for this enrollment totaling $_____. The Host School affirms that this student is making Satisfactory Academic Progress according to their own policy, affirms the coursework is not correspondence and is taken for a grade, not audit only, and has **attached** a copy of the student's schedule and bill at host school. The **Host** institution agrees **not** to provide federal financial aid to the above-mentioned student for these courses and will notify the Student Financial Services Office at **SWOSU** if the student is receiving any other type of financial aid.

***The Host Institution is responsible for monitoring the student's enrollment at their institution during the specified academic year and reporting that enrollment and any subsequent changes within fifteen (15) days to the Home Institution. The Host Institution will notify the SWOSU Student Financial Services Office within (15) days of any enrollment changes or if the student does not begin attendance in any enrolled class. The Host Institution must agree to these items or SWOSU can not participate in this consortium.

2. The Student Financial Services Office at Southwestern Oklahoma State University will assign an estimated student expense budget for the enrollment period and will assume responsibility for disbursing funds to the student and returning funds to the appropriate sources if warranted.

Original signature required on behalf of
Host School:

1._____
* Financial Aid Office Date

Original signature required on behalf of
Southwestern Oklahoma State University:

2._____
Assistant Director of Student Financial Services Date