



Consortium Agreement Request

The Consortium Agreement Request allows students who are enrolled at Cameron University and taking courses at other eligible institutions to receive funding for the combined enrollment. For purposes of this agreement, the other institution will be referred to as the Host Institution. **The Host Institution Financial Aid Office must sign this form, and you must attach a copy of your schedule from the Host Institution prior to submitting this form.**

Student First and Last Name _____ Student CU ID Number _____

Host Institution _____ Academic Year _____ Term of Enrollment (Fall/Spring/Summer) _____

1. The student will be enrolled concurrently in an approved course of study which will result in a degree or certificate from Cameron University. **You must be enrolled in at least 6 hours at Cameron University in the term for which you are seeking the agreement.**

Hours enrolled at Cameron University _____

Hours enrolled at the Host Institution _____
2. The student must be pursuing courses at each institution which will apply to their degree/certificate at Cameron University.
3. The student will pay all appropriate tuition fees and charges to each institution.
4. Cameron University will confer the degree to the student – therefore, Cameron University will act as the administrator in matters concerning financial aid, will determine the amount of financial assistance the student is eligible to receive, and will make appropriate payments to the student.
5. The Host Institution will not allow the student to receive any federal financial assistance through the FAFSA.
6. The Host Institution and the student agree to share all information necessary regarding any change in enrollment based on a schedule adjustments or withdrawal from school.
7. The student will be responsible for providing proof of enrollment before each term and grade reports at the end of each term to the Cameron University office to establish eligibility for payment of student aid funds.
8. The student must submit this form, signed by the appropriate parties, along with a copy of the class schedule from the Host Institution at the beginning of each term.
9. The student will sign a copy of this agreement to be filed in the official student aid file at Cameron University. A copy will then be given to the student and to the Host Institution.
10. A new agreement is required for each term. The student will make an official request by submitting a new consortium agreement request with attached current copies of both enrollment schedules to Cameron University Financial Assistance Office. **If the student had a consortium agreement for the prior term, a new one will NOT be signed until Cameron University receives the prior term grade report.**

Cameron University Financial Assistance Administrator _____ Date _____

Host Institution Financial Assistance Administrator _____ Date _____

Submit completed request with required documents to:
Office of Financial Assistance
Cameron University – North Shepler 332
2800 W Gore Blvd,
Lawton, OK 73505-6320
FAX: 580-581-2556 | EMAIL: financialaid@cameron.edu