GENERAL CONSORTIUM AGREEMENT

Office of Financial Aid-Page Hall
2nd Floor, P.O. Box 668, Langston, OK 73050
405-466-3000
financial@langston.edu

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.**