



## GENERAL CONSORTIUM AGREEMENT

Office of Financial Aid-Page Hall  
2<sup>nd</sup> Floor, P.O. Box 668, Langston, OK 73050  
405-466-3000  
[financial@langston.edu](mailto: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.