

Dual Admission Program

NSU Consortium Agreement with: Carl Albert State College

(Host Institution)

Circle Semester Attending Below:

FALL SPRING SUMMER

Last Name

First Name

NSU Student ID #

Year

****A SCHEDULE FROM YOUR HOST INSTITUTION MUST BE ATTACHED LISTING THE COURSES BELOW****

Department/Course#	Course Title	Number of Credit Hours
<u>Sample</u> MTH 1513	College Algebra	3

REASON FOR ENROLLING: _____

******ALL COURSES MUST BE REQUIRED FOR YOUR NSU DEGREE******

Your Northeastern State University Academic Advisor must approve the above classes to verify that they will be applied towards your current course of study here at NSU. _____

NSU Academic Advisor signature

Date

*******CAREFULLY READ CONSORTIUM REQUIREMENTS AND SIGN BELOW*******

Eligibility

- You must be enrolled in at least six (6) hours at NSU** while concurrently enrolled to be eligible for financial aid.
*Exceptions are made on a case by case basis.
- This consortium agreement is valid for one (1) semester and approved only for the courses that are required and listed above.
- You can receive financial aid from only one (1) institution, Northeastern State University.
- If you drop credit hours or completely withdraw during the term specified, you may be required to repay financial aid (including loans).

Due Date

- This form must be completed and returned to the NSU Office of Student Financial Services by the first week of school each semester. Failure to do this may result in a delay in receiving your financial aid disbursement for the specified term.

Tuition Payment

- You are responsible for payment of your course(s) by the deadline established at your host institution.

******YOU MUST PAY HOST INSTITUTIONS TUITION AND FEES OUT-OF-POCKET WHEN DUE OR YOU MAY BE DROPPED FROM YOUR COURSES******

By signing this form, I certify that I have read and understand this consortium agreement:

Student Signature: _____ Date: _____

CERTIFICATION: The host institution agrees **NOT** to provide federal funds to the above mentioned student for this term.

Signature/Carl Albert State College Representative: _____

Carl Albert State College

Name of Host Institution

Address

Phone

NSU Office Use Only: Approved / Denied _____ Date: _____

Student Financial Services

715 N. Grand Ave. | Tahlequah, OK 74464 | P 918.444.3456 | F 918.458.2150

www.nsuok.edu