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**Northeastern State University**  
**Student Financial Services**  
 715 N. Grand Ave.  
 Tahlequah, OK 74464  
 Phone: (918) 444-3456  
 Fax: (918) 458-2150  
 financialaid@nsuok.edu

NSU Consortium Agreement with \_\_\_\_\_  
 (Host Institution)

Circle Semester Attending Below:

FALL SPRING SUMMER \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name NSU Student ID # Year

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

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

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

REASON FOR ENROLLING: \_\_\_\_\_ Office Use

**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.** \_\_\_\_\_  
 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/Title of Host Institution Representative: \_\_\_\_\_

\_\_\_\_\_  
 Name of Institution Address Phone

Office Use Only: Approved / Denied \_\_\_\_\_ Date: \_\_\_\_\_

**Student Financial Services**