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COSU

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

Host Institution. Tu	lsa Community Coll	eae		
1105t Illstitution: 14	isa community con	<u> </u>	Circle Sem	ester Attending Below:
		N		RING SUMMER
Last Name	First Name	NSU Student ID #	17122 51	Year
	ALL COURCE		IGH BEGBEE	
A SCHEDIII E		<mark>S MUST BE REQUIRED FOR YOUR N</mark> JNITY COLLEGE MUST BE ATTACHE		E COURSES RELOW
Department/Course		Course Title	D LISTING III	Number of Credit Hours
Sample MTH 1513	College Algebra	300,000 11,00		3
	•			
REASON FOR ENROLL	LING AT TCC:			Office Use
NSU – Broken Arrow A	cademic Advisement mu	st approve the above classes to verify th	at they will be	Office Use
		• •	•	
applied towards your cu	rrent course of study her	re at NSUAcademic	11	
		Academic	Advisor Signatu	nre Date
**	***CAREFULLY REAL	CONSORTIUM REQUIREMENTS A	ND SIGN BEL	OW****
Eligibility				
		ours at NSU while concurrently enrolled a	nt TCC to be elig	ible for financial aid.
*Exceptions are	made on a case by case ba	SIS.		
 This consortium 	agreement is valid for one	e (1) semester and approved only for the c	ourses that are re	equired and listed above.
• You can receive	financial aid from only on	e (1) institution, Northeastern State Univer	rsity.	
 If you drop cred loans). 	it hours or completely with	ndraw during the term specified, you may b	oe required to rep	pay financial aid (including
Due Date				
 This form must l 		to the NSU Office of Student Financial Se eceiving your financial aid disbursement for		
T.::4: D				
Tuition Payment for TC You are response		ourse(s) by the deadline established at TCC	C.	
	VOLUMET DAY TO	C). THITION AND EFEC OUT OF DO	CLET WHEN	DHE
		C's TUITION AND FEES OUT OF PO Y MAY DROP YOU FROM YOUR CO		<u>DUE</u>
By signing this form, I ce	rtify that I have read and u	understand this consortium agreement:		
Student Signature:			Date	
Stadoni Signaturo			Dutc	

Office Use Only: Approved/Denied_

Date:



CONSORTIUM STUDENT PAYMENT AGREEMENT

St	tudent Name: TCC ID:				
	By signing this document, you understand that TCC does NOT receive your financial aid that				
	it is paid to your primary institution. You also understand that your primary institution does not pay				
	TCC directly that it is your responsibility to pay TCC for any tuition and fees that you incur. This				
	agreement does not allow you to charge books. Therefore, you agree to the following terms:				
1.	You will pay your tuition and fees for TCC when you receive your financial aid disbursement from your primary institution.				
2.	Payments can be made online via the MyTCC system on the TCC website or in person at any TCC campus bursar office.				
3.	A FINANCE CHARGE will be computed at a periodic monthly rate of 1.5% per month overall on any unpaid balance or an ANNUAL PERCENTAGE RATE of 18.00% when computed from the billing date.				
4.	Tulsa Community College has the right to request a hold on your Oklahoma State Tax refund.				
5.	All academic records, including transcripts, will be placed on "hold". No future enrollment will be permitted until any balance is paid in full.				
	Upon receipt of the signed copy of this document* by the TCC bursar office your account will				
	be updated to reflect this agreement for the academic term A copy of this				
	agreement has been provided to you for your records.				
Му s	signature indicates that I agree to the terms of this special payment agreement.				
uder	nt Signature: Date:				