OTC Financial Aid 1001 E. Chestnut Expressway Springfield, MO 65802

OTC Financial Aid Officer (print)

## OZARKS TECHNICAL COMMUNITY COLLEGE CONSORTIUM AGREEMENT

Phone (417) 447-6900 Fax: (417) 447-6938 Email: FinancialAid@otc.edu

A. Student Inform	lation				
ast Name	First Name	M.I.	OTC ID #	XXXX-XX_ Last four d	ligits of SSN
Requesting Consort	tium for: (Check one) _	Fall	Spring	Summe	er
B. Academic Infor	mation				
HOST institution			Stu	dent ID # (Host Institution)	
HOST Institution Address (	(Street, City, State, Zip)	Phone Numb	er	Fax Number	
Please list all course	es which you intend to tal	ke at the host insti	tution		
HOST COURSE	CODE/ NUMBER	HOURS	OTC EQUIV	/ALENT	HOURS
Fotal cost to be bill	ed by the Host institution	: \$			
By signing below, I and a submit submit submit and guarantee that	ed by the Host institution acknowledge that I have in ted is accurate and true to my request will be granted astitution. I will notify OTO	read and understan to the best of my k ed. I acknowledge	nowledge. I unders that I am responsib	stand that submitti ble for all charges b	ng this form
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By signing below, I and submit not guarantee that DTC and the host in tudent Signature  Administrative App certify that the hose	acknowledge that I have intended is accurate and true to my request will be granted astitution. I will notify OTO	read and understan to the best of my kiled. I acknowledge C's Financial Aid of	nowledge. I unders that I am responsik fice of any changes	stand that submitti ole for all charges b in enrollment.	ng this form illed to me b
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OTC Financial Aid Officer (signature)

Date