OZARKS TECHNICAL COMMUNITY COLLEGE

Consortium Agreement

A. STUDENT INFORMATION

_____

Last Name First Name OTC ID# Last four of SSN

B. ACADEMIC INFORMATION

_____

Host Institution Host Institution Student ID #

_____

Host Institution Address (Street, City, State, Zip)

_____

Host Phone Number Host Fax Number

Requesting Consortium for: (check one) fall _____ spring _____ summer _____

Please list all courses you intend to take at the host institution

Host Course code/number	Hours	OTC Equivalent	Hours

Total cost to be billed by the host institution $ _____

By signing below, I acknowledge that I have read and understand the Consortium Agreement Policy and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request will be granted. I acknowledge that I am responsible for all charges billed to me by OTC and the host institution. I will notify OTC's Financial Aid office of any changes in enrollment.

_____

Student Signature Date

Administrative Approval

As the Student Success team representative, I have reviewed the student's current degree program and verify the host courses will meet the needed requirements for their degree program at OTC.

_____

OTC Student Success Team (print) OTC Student Success Team (signature) Date

_____

OTC Financial Aid (print) OTC Financial Aid (signature) Date

I, the representative for the host institution, certify that the host institution listed above will not administer financial aid for the aforementioned student during the enrollment period specified.

_____

Host Financial Aid Office (print) Host Financial Aid Office (signature) Date