

NWOSU Consortium Agreement

Semester Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_  
Year \_\_\_\_\_

Date: \_\_\_\_\_ SSN# last 4 \_\_\_\_\_

Student's Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Have you applied for financial aid? Yes \_\_\_\_ No \_\_\_\_

Are you getting an Associate Degree? Yes \_\_\_\_ No \_\_\_\_

NWOSU Hours: \_\_\_\_\_

(Student must be enrolled at NWOSU to be considered for a consortium)

**Host School Information** (Please indicate the **OTHER** school you will be attending during the current semester)

Host School: \_\_\_\_\_ Hours: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Financial Aid Office Phone #: \_\_\_\_\_

Financial Aid Office Fax #: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

**By signing this agreement, I certify that the Host school credit hours are requirement for my degree at NWOSU.**

**Please attach a copy of your schedule and charges for hours at the host school. Students are responsible for all charges incurred at the host school. Failure to complete this form in full or turn in additional documents will delay processing.**

**\*Student must provide an official transcript to the NWOSU Financial aid office following the completion of each semester.**

Please send this **completed** form and attachments to:  
NWOSU Financial Aid Office  
709 Oklahoma Blvd.  
Alva, OK 73717  
or fax to 580-327-8177.