



CONSORTIUM AGREEMENT

Student's Name _____ AMSC ID # _____

Student's Email Address _____ Phone # _____

Consortium Semester: ____ Fall ____ Spring ____ Summer Academic Year _____

Do you plan to register at AMSC during the consortium semester? (Select one) ____ Yes ____ No

If Yes, how many credit hours do you plan to take at ASMC? _____

Name of Host Institution _____

Contact Person _____ Contact Phone # _____

Contact Email _____

All information provided on the Consortium Agreement is correct to the best of my Knowledge.

Student's Signature _____ Date ____ / ____ / ____

Program Cost of Attendance	
Tuition and Fees	\$
Room and Board	\$
Transportation	\$
Miscellaneous	\$
TOTAL	\$

First Day of Class ____ / ____ / ____

Last Day to Add/Drop Class(es) ____ / ____ / ____

Enrollment Status: ____ Semester ____ Quarter

Total Number of Hours Enrolled _____

As a representative of the host institution you agree to:

- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV, and State financial aid requirements.
- Not award any federal, state (excluding HOPE) institutional or private aid during the time the student is enrolled at your school.
- **Notify AMSC if the student fails to register, reduces the number of credit hours or withdraws from classes.**

Host Institution Representative Signature

Date

Print Name

E-mail Address

Phone #

Fax #