

**SOU Undergraduate Consortium Agreement for Term      **20****

**2017-18 Deadlines:**

**Fall** – September 11<sup>th</sup>, 2017, **Winter** – December 22<sup>nd</sup>, 2017, **Spring** – March 19<sup>th</sup>, 2018, **Summer** – June 18<sup>th</sup>, 2018

Dual enrollment should only be utilized for courses that you are not able to take at SOU. They must be courses offered at SOU that you are unable to take due to the class being full or not being offered a particular term that you need to take in order to graduate on time. Supporting documentation is required. Only courses that are applicable to your degree should be taken. Elective courses do not count.

**At least half of your credit load must be taken at SOU.**

**Please indicate the Host School you plan to dual enroll with and follow the directions provided below:**

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|---|---|
| <input type="checkbox"/> Rogue Community College (RCC) <ul style="list-style-type: none"> <li>o This form completed</li> <li>o Your SOU Academic Advisor Signature</li> </ul>   | <input type="checkbox"/> Other: _____ <ul style="list-style-type: none"> <li>o This form completed</li> <li>o A copy of your term schedule from other Institution</li> <li>o Your SOU Academic Advisor Signature</li> <li>o A Financial Aid Officer Signature from other Institution</li> <li>o <b>At the end of the term:</b> A copy of your term grades</li> <li>o <b>Please note:</b> students enrolling at an institution other than RCC and KCC are subject to approval</li> </ul> |
| <input type="checkbox"/> Klamath Community College (KCC) <ul style="list-style-type: none"> <li>o This form completed</li> <li>o A copy of your KCC term schedule</li> <li>o Your SOU Academic Advisor Signature</li> <li>o A KCC Financial Aid Officer Signature</li> <li>o <b>At the end of the term:</b> A copy of your KCC term grades</li> </ul> |   |

Submit this form **EVERY TERM** you plan to attend another institution completed with the requirements listed above by the deadline for the term. No late forms will be accepted. Incomplete forms will not be considered on time. **NO EXCEPTIONS!** We do not accept wait-listed or partial registration.

<b>Student Last Name:</b>	<b>Student First Name:</b>	<b>MI:</b>	<b>SOU ID Number:</b>	<b>Other College ID:</b>
<b>Other College Attending:</b>			<b>SOU Email</b>	
			@SOU.edu	

**Terms of Agreement (Please READ and check the boxes to confirm you acknowledge the terms):**

<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>It is my responsibility as the student for making payment arrangements at the Host School.</b> The Host School may require payment of your tuition and fees by their due date. Check the Host School's policy. All completed Financial Aid payments disburse according to SOU's disbursement schedule.</li> <li><input type="checkbox"/> I understand I will be funded by SOU and all financial aid records for the period will be maintained in the financial aid office at that school. If I receive any scholarships or financial aid at the Host School, it is my responsibility to report it to SOU.</li> <li><input type="checkbox"/> I will be responsible <b>for maintaining enrollment for the period of this agreement</b> at the Host School and if attending KCC or an "other" institution, must provide a copy of my transcript once grades are posted before future aid will be released. I also understand <b>absolutely no course changes are allowed once an advisor has signed this form.</b></li> <li><input type="checkbox"/> I understand these courses will be subject to SOU Financial Aid Standards of Satisfactory Academic Progress. See <a href="http://www.sou.edu/enrollment/financial-aid/aid-process/satisfact-progress.html">http://www.sou.edu/enrollment/financial-aid/aid-process/satisfact-progress.html</a> for more details.</li> <li><input type="checkbox"/> I understand this agreement is valid only for courses listed below which pertain to my program of study and that I am unable to take at SOU. <b>Any changes will require a new completed agreement to be submitted before the deadline. Changes made after the deadline will not be accepted.</b></li> <li><input type="checkbox"/> I understand I must be enrolled in my courses prior to submitting this form. Wait-listed and audited courses do not count towards enrollment.</li> <li><input type="checkbox"/> I authorize the sharing of information regarding financial aid, grades, and other related academic issues between SOU and the other listed college. I acknowledge my continued responsibility to ensure that the information on which my aid is based is complete and accurate.</li> <li><input type="checkbox"/> I understand that full-time is 12+ credits, three-quarter time is 9-11 credits, and half-time is 6-8 credits. There is no Direct Student Loan funding available to students taking less than 6 credits. Grants &amp; Scholarships vary, see a Financial Aid Counselor.</li> <li><input type="checkbox"/> I understand that I must obtain half my credit enrollment at SOU. For example, 12 credits between SOU and the other school requires at least 6 credits are at SOU.</li> <li><input type="checkbox"/> <b>I understand that if I drop a course at the listed Host School, it is my responsibility to notify SOU on the date I drop the course(s).</b></li> </ul>
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**Please indicate the reason that you have to take this course(s) at the host institution rather than at SOU.  
(Attach supporting documentation)**

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By signing this form, I acknowledge that if I do not abide by the terms listed above it will void this agreement, and I will not be eligible to receive any form of Title IV Financial Aid (Federal Grants, Subsidized Loans, etc.) for the courses listed below. My aid will be adjusted to reflect my SOU courses only.

\_\_\_\_\_  
Student Signature (Electronic Signature NOT accepted)

\_\_\_\_\_  
Date

**RCC/KCC Schedule**

<b>Subject Code</b>	<b>Course Title</b>	<b>Credit Hours</b>	<b>Online Course</b>	<b>Start Date</b>	<b>End Date</b>

I, SOU Academic Advisor: \_\_\_\_\_, certify that the above courses apply directly to the student's program of study and are not elective courses.

\_\_\_\_\_  
SOU Academic Advisor Signature (**Required for ALL STUDENTS**)

\_\_\_\_\_  
Date

I confirm that the above enrollment is accurate at our institution and that financial aid will not be paid from our institution during the term indicated on this form. (Required for Students enrolled at KCC)

\_\_\_\_\_  
KCC Financial Aid Advisor Signature (**Required for Students enrolled at KCC/other institution**)

\_\_\_\_\_  
Date