

Name of Institution

Address

Financial Aid & Scholarships

Phone

P.O. Box 917 2170 Raven Circle Okmulgee, OK 74447 918.549.2800 FAX: 918.759.6942

CONSORTIUM AGREEMENT CIRCLE ONE: FALL SPRING SUMMER YEAR: 20___

LAST NAME (PLEASE PRIN	T) FIRST NA	ME (PLEASE PRINT)	CWID
		REQUIRED FOR YOUR CMN	
DEPT/ COURSE #		COURSE TITLE	# CREDIT HRS
(SAMPLE) MATH 1513	COLLEGE ALGEBRA		3
ASON FOR ATTENDING OTHE IN ACADEMIC ADVISOR MUS UDY AT CMN, BYSIGNING BE	T APPROVE THE CLASSE	S LISTED ABOVE TO GO TOV	VARDS YOUR CURRENT COURSE OF
ACADEMIC ADVISOR NA	ME S	IGNATURE	DATE
completely during the term specared You must provide the registrar Failure to complete the above Must be completed and return to do so may result in a delay	ecified you may be required s office an official copy of you classes or provide CMN with ed to the CMN Financial Aid on receiving your financial aid ent of your courses by the do	to repay financial aid. our transcript after the completio h grades could jeopardize appro	e. If you drop credit hours or withdraw on of each semester. oval of future consortium requests. st week of school each semester. Failure
financial aid funds have not be institution.	ome & Host institutions to ex	eadline established at your host agreement does not delay payr	institution, even in the event that ment of tuition and fees at your host aid information, including transcripts.
financial aid funds have not be institution. You give permission for the Horseland signing this form, I certify	ome & Host institutions to ex	eadline established at your host agreement does not delay payr	ment of tuition and fees at your host aid information, including transcripts.
financial aid funds have not be institution. You give permission for the Horself signing this form, I certify udent Signature	that I have read and un	eadline established at your host agreement does not delay payr schange academic and financial aderstand this consortium of	ment of tuition and fees at your host aid information, including transcripts. contract: