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

LAST NAME (PLEASE PRINT)  FIRST NAME (PLEASE PRINT)  CWID

*ALL COURSES MUST BE REQUIRED FOR YOUR CMN DEGREE PLAN*
****A SCHEDULE MUST BE ATTACHED LISTING THE CLASSES BELOW****

<table>
<thead>
<tr>
<th>DEPT/ COURSE #</th>
<th>COURSE TITLE</th>
<th># CREDIT HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SAMPLE) MATH 1513</td>
<td>COLLEGE ALGEBRA</td>
<td>3</td>
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</table>

REASON FOR ATTENDING OTHER SCHOOL: ____________________________________________

CMN ACADEMIC ADVISOR MUST APPROVE THE CLASSES LISTED ABOVE TO GO TOWARDS YOUR CURRENT COURSE OF STUDY AT CMN, BY SIGNING BELOW.

ACADEMIC ADVISOR NAME  SIGNATURE  DATE

CAREFULLY READ CONSORTIUM REQUIREMENTS AND SIGN BELOW

- Must be enrolled in at least 6 Hrs at CMN while concurrently enrolled to be eligible for financial aid.
- This agreement is valid for the current semester only and approved only for the courses that are required.
- You can receive financial aid from one institution, CMN.
- You must notify CMN Financial Aid & Scholarships of any changes made to your schedule. If you drop credit hours or withdraw completely during the term specified you may be required to repay financial aid.
- You must provide the registrar's office an official copy of your transcript after the completion of each semester.
- Failure to complete the above classes or provide CMN with grades could jeopardize approval of future consortium requests.
- Must be completed and returned to the CMN Financial Aid & Scholarships office by the first week of school each semester. Failure to do so may result in a delay in receiving your financial aid disbursement for the term.
- You are responsible for payment of your courses by the deadline established at your host institution, even in the event that financial aid funds have not been disbursed by CMN. This agreement does not delay payment of tuition and fees at your host institution.
- You give permission for the Home & Host institutions to exchange academic and financial aid information, including transcripts.

By signing this form, I certify that I have read and understand this consortium contract:

Student Signature  Date

Certification: The Host Institution agrees NOT to provide federal funds to the above mentioned student for this term:

Name / Title of Certifying Official at Host Institution  Signature  Date

Name of Institution  Address  Phone