

Financial Aid Consortium Agreement

The intent of this form is to assist Oregon Institute of Technology (Oregon Tech) financial aid students who plan to enroll at more than one institution during a term. A student concurrently enrolled at both Oregon Institute of Technology (Home Institution) and the Host Institution will have his/her enrolled credits combined to determine enrollment status for financial aid disbursement. This form is for students that want Oregon Tech to be their HOME school. Only the HOME school may disburse financial aid funds for the term.

Student Section:					
Student's Name	Oregon Tech ID#	Host School ID#	Term/Year	HOST Institution (KCC, Chemeketa, etc)	
Oregon Tech stude	ents must meet the follo	owing requirements to	complete this form	(check each box when complete)	
second w I have enr I have car I have enr level) wil Course re The cours I understa will be sul I will subn understar I understar host cours	eek of the term in order colled in at least 6 credit acelled any aid awarded colled in 100 level course I not be funded by Oreging istration at the HOST see I am registering for at and that I can only received that the HOST credit bject to the Oregon Technit a grade report to the and future aid may be possend that I am responsible sees and my aid may be read that I am responsible and	to process s at Oregon Tech during by the HOST institution es or higher at the HOST on Tech chool is attached – NOT the HOST school is not we financial aid from on es will be treated in the on Satisfactory Academic Oregon Tech Financial steponed until grades are es for contacting the Ore ecalculated due to the estero paying all tuition, for	g the term for the term institution and und a billing statement offered by Oregon e institution in a ter same manner as all Progress Policy Aid Office within 30 e submitted egon Tech Financial drop fees, & other incides	Tech this term	
•	credit for these courses and degree program are		•	these credits to Oregon Tech. I confirm th	
Student Signature		Dat	Date		
The above student Name of Course:	e HOST Institutio	wing at: Course Number:	(Name of Institu Credi		
3 All penc		for this term have I		nd cancelled at the HOST Date	
Phone Number		Email addres	Email address		
Please Return form	to: Oregon Institute o		phone: (541) 885.		

Financial Aid Office 3201 Campus Drive Klamath Falls, OR 97601 fax: (541) 885.1024 www.oit.edu/faid Title IV School Code: 003211