Consortium Agreement Request

This form is to be used by students who wish to have the hours that they are taking at another institution counted with their Radford University hours for purposes of financial aid eligibility (students must be enrolled in a minimum of 3 credit hours at Radford University during the term they are seeking to dual enroll). Students who take courses at another institution and have the credit transferred back to Radford University must have this form completed by their advisor. Students cannot receive federal aid at more than one institution at the same time.

Student Name: ____________________________ Radford ID# __________________

Phone Number: ____________________________

Name of Institution Attending: ____________________________ Student Id# ________________

Term Attending: ____________________________

I understand that by submitting this form that I am responsible for paying the transient institution for all enrolled coursework and that my financial aid will be processed once my enrollment has been confirmed by the transient institution.

Student Signature: ____________________________

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<th>Classes at Host Institution</th>
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<th>Classes at Radford University</th>
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Advisor Signature: ____________________________ Date: _____________