

## AD HOC Consortium Agreement

Student's Name	······································	Social Security Number	
Permanent Address		Transient Address	
Phone Number		Phone Number	
		T.	
However, the student will be a transic During	ent student enrolle	of the 20	academic year.
student's withdrawal from classes, ac The contents of this agreement are dr policies and procedures. In conjuncti statement from the student's academi as a transient student at the visited in parent institution.	rawn up to comply ion with this docute dean. The states stitution and that the BE ATTACHED	with all pertinent federal, state, and universely with all pertinent federal, state, and universely both financial aid officers must recement must verify that the student has perhe student will receive credit toward a description.  TO THIS STATEMENT BEFORE IT IS	versity regulations, seive a written mission to register egree from the
RESPONSIBLE OFFICIAL: The fin of financial aid at the schools listed a		strators who are officially responsible for blow.	the administration
Parent Institution		Visited Institution	
Signature	Date	Signature	Date
Typed Name	Title	Typed Name	Title
College/Department Aproval	Phone	College/Department Approval	Phone
		Cost of Attandance	