

AD HOC Consortium Agreement

Student's Name		Social Security Number	
Permanent Address		Transient Address	
Phone Number		Phone Number	
The student listed above is a degree-s	seeking student at	-	
However, the student will be a transic	ent student enrolle	ed at of the 20	academic vear
statement from the student's academias a transient student at the visited insparent institution.	c dean. The state stitution and that the BE ATTACHED	ment, both financial aid officers must recoment must verify that the student has pertable student will receive credit toward a description of TO THIS STATEMENT BEFORE IT IS SHIPS.)	mission to register egree from the
RESPONSIBLE OFFICIAL: The fin of financial aid at the schools listed a		strators who are officially responsible for elow.	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 Attendance	

