



PARTICIPATION AGREEMENT FOR STUDENTS  
ON CONSORTIUM AGREEMENT BETWEEN  
SUL ROSS STATE UNIVERSITY-RIO GRANDE COLLEGE  
AND  
SOUTHWEST TEXAS JUNIOR COLLEGE



Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Classification: \_\_\_\_\_

Major: \_\_\_\_\_

Term: **SUMMER 2024**      SWTJC HOURS: \_\_\_\_\_ SRSU-RGC HOURS: \_\_\_\_\_

I, \_\_\_\_\_, am pursuing a bachelor's degree in \_\_\_\_\_ from Sul Ross State University-Rio Grande College and will be enrolled in \_\_\_\_\_ hours at Southwest Texas Junior College for the term indicated above. These hours will apply directly to my degree plan as documented by the SRSU-RGC degree plan.

I understand that this agreement covers only the term indicated above and I must complete a new Participation Agreement for any future terms. I further understand that eligibility in this program is limited to four (4) semesters of concurrent enrollment coursework at Southwest Texas Junior College (as the Host School).

I agree to report any changes in my enrollment at either institution to the SRSU-RGC Financial Aid Office within 5 days. I understand that I must provide SRSU Financial Aid Office with a current degree plan.

I understand that under this agreement financial aid will only be awarded through SRSU-RGC and that I am responsible for any over awards. I further understand that I am responsible for all charges at SWTJC.

I understand that SWTJC will send a copy of my academic transcript to SRSU-RGC at the end of the enrollment period covered by this agreement.

I understand that all financial aid disbursements that are in excess of amounts owed to SRSU-RGC (including, but not limited to tuition/fees, room and board, loans or other charges) will be remitted to me. I understand that I am responsible for all outstanding charges due to Southwest Texas Junior College. ***I will make payment arrangements by the Southwest Texas Junior College payment deadline.*** I also understand that any charges in excess of my financial aid award will be my responsibility.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

**FA OFFICE USE ONLY:**

\_\_\_\_\_ Total Consortiums Submitted

\_\_\_\_\_ Total Hours On Consortiums

\_\_\_\_\_ AID Cancelled

\_\_\_\_\_ Cancellation Noted in AID

SWTJC Advisor \_\_\_\_\_

Date Completed \_\_\_\_\_