

STUDENT INFORMATION	(PLEASE PRINT)
Student Name:	Student ID#:
Address:	City:
State:	Zip:

Email: 419.272.7231 ext. 2107

7. I have read and accept the responsibilities of the agreement.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: To be completed by the Host Institution Financial Aid Representative:**

Dates of Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

Number of Hours Student is Enrolled \_\_\_\_\_ (attach copy of schedule)

Tuition and Fees \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Host institution agrees to:**

1. Not award any federal or state financial aid to the student during the term listed.
2. Notify SSCC immediately and provide effective date(s) if a student withdrawals or drops any hours reported in this agreement.
3. Provide SSCC with a copy of the academic transcript upon completion of the approved courses to the following address

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