



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



Name: _____ SSN: _____

Address _____ Email: _____

_____ Phone: _____

Classification: _____ Major: _____

Term: **SUMMER 2025** SWTX 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 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 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 SWTXC.

I understand that SWTXC 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 College. ***I will make payment arrangements by the Southwest Texas 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**

SWTXC Advisor _____

Date Completed _____