



**OFFICE OF
ENROLLMENT SERVICES**
41 BEE STREET
PO BOX 250205
CHARLESTON • SC 29425-0205

Medical Univeristy of South Carolina Clemson University Consortium Agreement

The two institutions named above are herein entering into a consortium (cooperative) agreement for

Name _____
Last Name First Name Middle Initial

Social Security Number _____ - _____ - _____

Home Institution _____ Semester: Fall _____ Spring _____ Summer _____

Dates: From _____ to _____

Course No. _____ Course No. _____ Course No. _____

Certification

The above mentioned student is a degree-seeking student at the home institution and is making satisfactory progress toward that degree.

The cooperative degree program in Bioengineering Research and Education between Clemson University and the Medical University of South Carolina was approved by the Medical University of South Carolina and Clemson on May 5, 2003.

As a condition of degree completion, the above mentioned student will enroll in courses offered at both Clemson University and the Medical University of South Carolina, with the majority of credits completed in those courses being completed at the home institution.

The above named student will agree to pay all tuition and fees to the home institution.

The home institution considers the above named student to be enrolled for more than 50% of the coursework required for the degree, although during selected semesters the above named student may be enrolled at the home institution for more or less than 50% of the credits of enrollment during that semester. However, at all times the student's combined credit load will constitute at least half-time enrollment.

The home institution will accept in transfer those credits completed by the above named student which are stipulated in the cooperative program of study.

The home institution is the parent institution for all financial aid matters and will confer the degree upon the above mentioned student's successful completion of the program.

Home institution

Host institution

Registrar _____
Signature Date

Registrar _____
Signature Date

Financial Aid Officer _____
Signature Date

Financial Aid Officer _____
Signature Date

Dean _____
Signature Date

Dean _____
Signature Date