



COOPERATIVE ALLIANCE ADULT STUDENT STATEMENT OF UNDERSTANDING

1801 East 4th Street, Okmulgee, OK 74447
800.722.4471 • 918.293.4913 • alliance@okstate.edu

STUDENT LEGAL NAME:		
FIRST NAME	MIDDLE INITIAL	LAST NAME

STUDENT SS # OR OSUIT ID #

TERM IN WHICH YOU ARE ENROLLING
_____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

TECHNOLOGY CENTER CAMPUS

I understand that college credit for technical courses is available through Oklahoma State University Institute of Technology for students enrolled in selected programs at participating technology centers. I understand the following items as they relate to college transcripts:

- College credit is granted by Oklahoma State University Institute of Technology through a Cooperative Alliance Enrollment Agreement with the participating Technology Center.
- Final grades submitted by the instructor at the participating Technology Center at the end of the college semester will become part of the permanent official college transcript at Oklahoma State University Institute of Technology.
- Credit transcribed by Oklahoma State University Institute of Technology may be eligible for transfer to other colleges.
- Once a student is officially enrolled in a college course, the student must formally drop or withdraw from that course within the designated time frame in order for the grade not to show on the official transcript.

There will be an \$8.00 per credit hour fee assessed for the Oklahoma State University Institute of Technology Cooperative Alliance program credit.

[NOTE: This fee does not apply to the general education courses available through Oklahoma State University Institute of Technology or any other collegiate provider. The student will owe full tuition to the provider in these cases.]

I realize that participating in this agreement is optional. I understand that the \$8.00 per credit hour fee is due in full prior to the end of each semester in which I am enrolled, and that failure to pay this fee will result in a hold being placed on my academic records. My signature below indicates that I understand the above information and that I want to participate.

Student Name (Print): _____

Student Signature: _____ Date: _____

