



Midland College
 3600 N. Garfield
 Midland, Texas 79705
 432.685.4500
www.midland.edu

**TITLE V CO-OP GRANT
 RURAL TEXAS SCIENCE
 TRANSFER INITIATIVE**



A Member of the Texas State University System

Sul Ross State University
 400 N. Harrison, PO Box C-114
 Alpine, Texas 79832
 432.837.8011
www.sulross.edu

Student Agreement/Release form

On _____, I, _____:
 (date) (name)

1. Agree to give Sul Ross State University and Midland College permission to share my academic and financial aid records of information. I understand that such records will be used in compliance with FERPA Right-to-Privacy Act to determine my eligibility for this program and for financial aid.
2. Allow Midland College to apply all future certificates or degrees that I may qualify for to my academic record.
3. Understand that during periods of enrollment where I am enrolled at both institutions, I will only receive funding from Sul Ross State University (the home institution).
4. Understand that during periods of enrollment where I am only enrolled at one of the institutions, I will receive funding from that institution.
5. Understand that my eligibility for federal or state financial aid must be determined at both institutions and will provide any and all documentation needed for such programs to both institutions.
6. Understand that I will only receive federal or state funding for hours that I am enrolled in from both institutions as long as I stay enrolled in the Rural Texas Science Program.
7. I agree to abide by the policies and procedures of the college which is providing state or federal funding.

Signature:

X