

**SAMPLE LETTER**  
(ACADEMIC ADVISOR APPROVAL  
FOR FINANCIAL AID CONSORTIUM AGREEMENT.  
MUST BE SUBMITTED ON DEPARTMENT LETTERHEAD.)

***DATE***

Michael Montag  
Wright State University  
Office of Financial Aid  
E136 Student Union  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435  
FAX: (937) 775-5795

To Michael Montag:

***STUDENT NAME*** (*University ID Number*) is a **degree** seeking student at Wright State University. The student is authorized to register for the following course(s) at ***VISITING COLLEGE NAME***.

COURSE NAME / COURSE NUMBER

CREDIT HOURS

Upon successful completion, the course(s) specified in this letter will **transfer** and will apply towards the student's **degree requirements** at Wright State University as long as the student receives a grade of a C or better.

Sincerely,

*Academic Advisor's Name and Signature*