



OFFICE OF EXPERIENTIAL LEARNING (OEL) AGREEMENT  
FOR STUDENT RESEARCH STIPENDS AND TRAVEL FUNDS

Recipient Name \_\_\_\_\_ Student ID# 983-\_\_\_\_\_

I, \_\_\_\_\_, understand that I am receiving a stipend for \_\_\_\_\_. These funds are being given to me as a result of my agreement to:

I understand that if I do not meet the requirements of my research/travel agreement, the University reserves the right to reduce and/or revoke in full any stipend amount. This may result in my owing a balance to the University. If this occurs, the failure to pay any sums due to Middle Georgia State University will cause in a hold being placed on my account until the balance and all related charges, including collections and reasonable attorney's fees, are paid in full. I understand I will be unable to obtain any records or register for courses until this balance is paid in full.

I authorize Middle Georgia State University or anyone working on behalf of the University to contact me regarding my student account or records at the number labeled as cellular, wireless or text. I understand I may opt out of this contact by logging into my SWORDS account and indicating my preference in the Personal Information Section.

I further understand and agree that my authorization to receive the Experiential Learning Stipend is contingent upon the terms set forth in this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date