

ETSU Consortium Agreement Information

Please review and complete the attached consortium agreement. This agreement allows you to receive financial aid for courses taken at another school which are required as part of your degree program at ETSU. By completing the Consortium Agreement your financial aid eligibility will be determined based on the enrollment information reported by your host institution in addition to your enrollment at ETSU.

Prior to submitting a request for a Consortium Agreement at ETSU you must:

• Complete the Student Section and the Certification Section of the Consortium Agreement. You will then submit the form to the Financial Aid Office of your host institution. The Office of Financial Aid at your host institution will complete the host section, they will sign, and return the completed agreement to ETSU. It is the student's responsibility to ensure that this form is submitted to ETSU before the appropriate priority date.

The following documents must be completed and submitted directly to the ETSU Office of Financial Aid and Scholarships, Attn: Lisa Baumer:

- Consortium Agreement Worksheet
- Copy of your current class schedule from your host institution
- **Transcript Request Form** -- This transcript request will be sent to your host institution by our office on your behalf at the end of the semester.

Consortium Agreements that have been fully completed (following the above instructions) and submitted to our office by the following dates will be processed by the first day of the semester:

Semester	Priority Deadline	Submission Deadline
Fall	August 1	September 30
Spring	December 15	February 28
Summer	April 15	June 30

Fully completed Consortium Agreements submitted to our office after these dates will be processed in date order as time permits.

IMPORTANT

- It is your responsibility to pay the required fees at your host institution.
- Financial aid disbursements will come from ETSU and will cover any ETSU tuition/fees <u>first</u>. Any
 remaining balance of aid will be issued to the student in the form of a check or direct deposit no
 sooner than the first day of classes at ETSU.
- Should you make any changes to your schedule after signing the agreement, it is your responsibility to notify the Office of Financial Aid & Scholarships immediately, as changes in enrollment could result in a change in the financial aid amounts.
- At the end of the semester, you will need to verify that an official transcript has been received by the ETSU Admissions Office.
- A hold restricting future aid disbursement will be placed in your account until these transcripts are received and evaluated.

ETSU Office of Financial Aid & Scholarships

CONSORTIUM AGREEMENT



To submit the completed form: In person: Office of Financial Aid and Scholarships, Burgin-Dossett-Room 105; Mail: Office of Financial Aid Attn: Lisa Baumer, P.O. 70722, Johnson City, TN 37614; Fax

According to the federal regulations, a Consortium Agreement must exist before a parent institution can process an application for federal funds for students attending another host institution. Therefore, the two institutions names below herein enter into a Consortium Agreement for:

TO BE COMPLETED Name:	BY STUDENT:	ET	TSU ID Number:		
	ETSU Email Address:				
	ON: East Tennessee State I	• • •	_		
record. I certify that	institutions above to excho t my enrollment is as a reg in correspondence classes.	ular student seeking a			
TO BE COMPLETED	BY THE FINANCIAL AID &	SCHOLARSHIPS OFFICE	AT HOST INSTITUT	TION:	
registered as	s a visiting student for the	(Host Institution		above student is	
Dates of attendance	e:to_	Total	credit hours enrol	led	
		COST OF ATTENDANCE			
	Tuition/Fees	\$			
	Books/Supplies	\$			
	Food/Housing	\$			
	Miscellaneous/Travel	\$			
	Total	\$			
Student Name:	CERTIFICAT	ION & SIGNATURE		TSU ID #:	
•	vide payment (s) to the abo ams for the term specified (if eligible, under th	ne Title IV Federal	
Signature:			Dai	te:	
	SU Office of Financial Aid & Scho agrees NOT to provide fea allment status.		_		
Signature:				Date:	
Name of Institution:		Tel	ephone number:		
Address:		City:	State:	Zip:	

ETSU Consortium Agreement Worksheet

My signature below verifies that the co	urses that (Student's Name) _		will	
e taking at (host institution)				
are the academic equivalent to required		· -	sfer to ETSU as my	
required course(s) or are included as pa	rt of an approved articulation	agreement.		
Student must obtain the sig	natures of the following	ETSU Department	Representatives:	
Academic Advisor Signature: Depart		Department:	tment:	
Phone number:	Email Address:		Date:	
Registrar's Office Signature:		_Title:	Date:	
Admission's Office Signature:		_Title:	Date:	
TO BE COMPLETED BY STUDENT:				
Name:	ETSU ID Number:	ETSU Em	ail:	
Address:	City:	State:	ZIP:	
Home Phone Number:	Cell F	Phone Number:		
Major:	Minor:			
Host School Name:				
Reason for taking class(es) at host instit	ution instead of ETSU:			
CC	DURSE(S) TO BE TAKEN AT HO	OST SCHOOL		
Name of 0	Course	Course Number	Credit Hours	
Number of credit hours you are taking a	at ETSU this semester:			
Number of credit hours you are taking a	at Host School this semester:			
Student's Signature:		D	ate:	

COLLEGE TRANSCRIPT REQUEST FOR A CONSORTIUM AGREEMENT

		Date:
TO THE REGISTRAR OF:		
Name of College or University:		
Street Address:		
City:	State:	Zip Code:
To Whom It May Concern:		
I am attending your school through a Coinstitution.	onsortium Agreement between East	Tennessee State University and your
Please mail an official transcript of my re	ecord to:	
ETSU Office of A East Tennessee PO Box 70731 Johnson City, T	e State University	
Please forward this at the completion of	f the semester (<i>Term</i>)	(Year)
Please waive any charges for this service	e due to the Consortium Agreement	entered into between both schools.
Student's Signature:		
ID Number at Host Institution:	ETSU ID Numb	per:
Printed Name:		
Street Address:		
City:	State:	Zip Code:
Name under which I was enrolled (if diff	ferent from above name):	

PLEASE RETURN **ALL** PAGES OF COMPLETED FORM AND A COPY OF YOUR CLASS SCHEDULE FROM YOUR HOST INSTITUTION

By mail: East Tennessee State University

Office of Financial Aid & Scholarships

Attn: Lisa Baumer P.O. Box 70722

Johnson City, TN 37614-1710

By fax: (423) 439-5855

By Dropbox: To request a Dropbox link e-mail

finaid@etsu.edu

IMPORTANT: You MUST submit a copy of your class schedule at your Host Institution to ETSU's Office of Financial Aid & Scholarships.