Dual Enrollment Consortium Information Worksheet
(CSRTFA, CSRTSP, CSRTSU)

In order to receive Dual Enrollment Grant funds, **this form must be completed in its entirety and submitted to the Office of Student Financial Aid along with a copy of your current class schedule from the other institution you are attending.** If the form is submitted incomplete or the class scheduled is not attached the form will be returned unprocessed.

**TO BE COMPLETED BY STUDENT:**

_____________________________________________  __________________________
Student Name                                             ETSU ID Number

______________________________________________  __________________________
Address                                             City                           State                        Zip

________________  __________________________
Phone Number                           Email address

Attached is a copy of my current schedule from:
(Please circle name of institution you are attending or insert name by Other)

● Northeast State    ● Walters State    ● Tusculum
● Milligan    ● King    ● Other _________________________

Any Dual Enrollment Grant disbursements will be sent to ETSU and will cover any ETSU tuition/fees first. Any remaining balance will be issued to the student in the form of a check or direct deposit. It is the responsibility of the student to pay his/her bill at the other institution listed above by their fee payment deadline. This Dual Enrollment Consortium Worksheet is valid for only one semester.

_____________________________________________  __________________________
Student Signature                                             Date

To submit the completed form: In person: Office of Financial Aid, Burgin-Dossett – Room 105; Mail: Office of Financial Aid, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855; DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).