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, Attn: Derek Turner:

- **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:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Priority Deadline</th>
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<tbody>
<tr>
<td>Fall</td>
<td>August 1</td>
</tr>
<tr>
<td>Spring</td>
<td>December 15</td>
</tr>
<tr>
<td>Summer</td>
<td>April 15</td>
</tr>
</tbody>
</table>

**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 first. 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 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.

*If you have any questions about your Consortium Agreement, please contact Derek Turner, ETSU Office of Financial Aid (423) 439-4300 or finaid@etsu.edu*
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 BY STUDENT:
Name: ____________________________________________ ETSU ID Number: ____________________________
Address: ______________________________________ City: __________________ State: __________ ZIP: __________
Cell Phone Number: ____________________________ ETSU Email Address: __________________________

PARENT INSTITUTION: East Tennessee State University (ETSU)
HOST INSTITUTION: ____________________________________________
I authorize the two institutions above to exchange information concerning my financial aid and academic record. I certify that my enrollment is as a regular student seeking a degree from ETSU, and that none of my transient hours are in correspondence classes.

TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT HOST INSTITUTION:
__________________________________________ (Host Institution) certifies that the above student is registered as a visiting student for the _______________ academic term.
Dates of attendance: _______________to_______________ Total credit hours enrolled________.

<table>
<thead>
<tr>
<th>COST OF ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees $</td>
</tr>
<tr>
<td>Books/supplies $</td>
</tr>
<tr>
<td>Room/Board $</td>
</tr>
<tr>
<td>Miscellaneous/Travel $</td>
</tr>
<tr>
<td>Total $</td>
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</tbody>
</table>

CERTIFICATION
Student Name: ____________________________ ID # at Host Institution: ______________________ ETSU ID #: _______________
ETSU agrees to provide payment(s) to the above-mentioned student, if eligible, under the Title IV Federal Financial Aid Programs for the term specified above.
Signature: ____________________________ Date: ________________
ETSU Office of Financial Aid Representative
The Host Institution agrees NOT to provide federal aid funds to the above named student and to notify ETSU of any changes to enrollment status.
Signature: ____________________________ Date: ________________

Name of Institution: ____________________________ Telephone number: ____________________________
Address: ______________________________________ City: ______________ State: __________ Zip: _________
My signature below verifies that the courses that (Student’s Name) ____________________________ will be taking at (host institution) ___________________________ during the _______________ semester are the academic equivalent to required courses for my ETSU degree program and will transfer to ETSU as my required course(s) or are included as part of an approved articulation agreement.

Student must obtain the signatures of the following ETSU Department Representatives:

Academic Advisor Signature: _____________________________________ Department: ____________________
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 Email: ______________________
Address: __________________________________________________________ City: ______________ State: __________ ZIP: __________

Home Phone Number: ___________________________ Cell Phone Number: ______________________

Major: ___________________________ Minor: ___________________________

Host School Name: ___________________________ City: ______________ State: __________

Reason for taking class(es) at host institution instead of ETSU: ___________________________

___________________________________________

COURSE(S) TO BE TAKEN AT HOST SCHOOL

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Course Number</th>
<th>Credit Hours</th>
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</table>

Number of credit hours you are taking at ETSU this semester: ______________________

Number of credit hours you are taking at Host School this semester: __________________

Student’s Signature: __________________________ ___________________________ Date: __________

If you have any questions about your Consortium Agreement, please contact
Derek Turner, ETSU Office of Financial Aid
(423) 439-4300 or finaid@etsu.edu
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 Consortium Agreement between East Tennessee State University and your institution.

Please mail an official transcript of my record to:

ETSU Office of Admissions
East Tennessee State University
PO Box 70731
Johnson City, TN 37614

Please forward this at the completion of the semester (Term) __________________________ (Year) __________________________

Please waive any charges for this service due to the Consortium Agreement entered into between both schools.

Student’s Signature: _______________________________________________________________________

ID Number at Host Institution: _________________________ ETSU ID Number: _________________________

Printed Name: __________________________________________________________________________

Street Address: __________________________________________________________________________

City: __________________________ State: ______________ Zip Code: ______________

Name under which I was enrolled (if different from above name): _______________________________

If you have any questions regarding this Consortium Agreement, please contact
Derek Turner, ETSU Office of Financial Aid: (423)439-4300 or finaid@etsu.edu
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  
**Attn: Derek Turner**  
P.O. Box 70722  
Johnson City, TN 37614-1710

By fax: (423) 439-5855

**IMPORTANT: You MUST submit a copy of your class schedule at your Host Institution to ETSU’s Office of Financial Aid**