



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:

Semester	Priority Deadline
Fall	August 1
Spring	December 15
Summer	April 15

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

ETSU Office of Financial Aid CONSORTIUM AGREEMENT



To submit the completed form: In person: Office of Financial Aid, Burgin-Dossett- Room 105; Mail: Office of Financial Aid Attn: Derek Turner, P.O. 70722, Johnson City, TN 37614; Fax (423) 439-5855

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 _____.

COST OF ATTENDANCE	
Tuition/Fees	\$ _____
Books/supplies	\$ _____
Room/Board	\$ _____
Miscellaneous/Travel	\$ _____
Total	\$ _____

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: _____

ETSU Consortium Agreement Worksheet

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		
Name of Course	Course Number	Credit Hours

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: _____

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): _____

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