

ETSU Consortium Agreement Information

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.

Consortium Agreements Require Approval.

Who is eligible for a Consortium Agreement?

- Those in need of a class that is not offered at ETSU for that semester.
- Those that need a class that has a schedule conflict at ETSU with another required course for the degree program.
- Other conflicts with sufficient documentation.

Reasons that a Consortium Agreement cannot be approved:

- If you are already be receiving the maximum amount of financial aid available to you from ETSU. (You are enrolled in at least 12 credit hours or 6 credit hours if you are only eligible for loans.)
- The host institution is closer to where the student lives, works, etc. Some exceptions may be made for summer semesters.
- Student likes the classroom environment or professor better at the host institution.

Consortium Agreements that have been fully completed and submitted to our office by the priority date 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 the submission deadline date will be denied and not be processed.

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 & 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.
- Consortium Agreements expire at the end of each semester. Therefore, students seeking to participate in a Consortium Agreement for more than one semester **must reapply with a new application each semester**.
- Consortium decisions are final. There is no appeal.

*If you have any questions regarding this Consortium Agreement, please contact Lisa Baumer,
ETSU Office of Financial Aid and Scholarships: (423) 439-7479 or baumer@etsu.edu*

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 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 & SCHOLARSHIPS 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	\$
Food/Housing	\$
Miscellaneous/Travel	\$
Total	\$

CERTIFICATION & SIGNATURE SECTION

Student Name: _____ ID # at Host Institution: _____ ETSU ID #: _____

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 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 & Scholarships Representative)

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ETSU Office of Financial Aid and Scholarships: (423) 439-7479 or baumer@etsu.edu*

ETSU Consortium Agreement Worksheet

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

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.

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	Host Course Number	Credit Hours	ETSU Equivalent Course Number

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): _____

Directions For Completing the Consortium Forms.

Students are responsible for having the host institution complete the Consortium Agreement and for submitting the completed form to the ETSU Office of Financial Aid and Scholarships (parent institution).

- **Complete the Student 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/or submission deadline date.*

The following documents must be completed and submitted directly to the ETSU Office of Financial Aid and Scholarships.

- **Consortium Agreement Worksheet**
Needs signatures from Advisor, Records, and Admissions (in that order)
 - Records – 101 Burgin Dossett Hall - Records@etsu.edu
 - Admissions – 106 Burgin Dossett Hall - Admissions@etsu.eduNeeds the “To Be Completed by Student” section filled out.
 - Provide any documentation to back up your reason for taking the course at another school.
- **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.
 - Signature should not be typed as records offices often require a written signature.

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

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.

If you have any questions regarding this Consortium Agreement, please contact Lisa Baumer, ETSU Office of Financial Aid and Scholarships: (423) 439-7479 or baumer@etsu.edu