



## 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: 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
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*  
**Lisa Baumer, ETSU Office of Financial Aid**  
**(423) 439-7479 or [baumer@etsu.edu](mailto:baumer@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: Lisa Baumer, 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	\$ _____
<b>Total</b>	\$ _____

## 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: Lisa Baumer**  
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**