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>
</tr>
</thead>
<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
ETO'S Office of Financial Aid
CONSORTIUM AGREEMENT

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>
<th></th>
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</thead>
<tbody>
<tr>
<td>Tuition/Fees</td>
<td>$</td>
</tr>
<tr>
<td>Books/supplies</td>
<td>$</td>
</tr>
<tr>
<td>Room/Board</td>
<td>$</td>
</tr>
<tr>
<td>Miscellaneous/Travel</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</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: ___________

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
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

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