

## Consortium Agreement

Student Last Name	Student First Name	MI	UTK ID Number									
			0	0	0	-		-				
Student UTK Email Address			Last 4 of SSN									
			*** - ** -									

I will be a transient student at \_\_\_\_\_ during the \_\_\_\_\_ semester.  
Host institution Term

I understand that I must be enrolled in at least nine (9) degree-applicable (per Course Program of Study guidelines) credit hours at UTK during the term of the consortium agreement, and I also understand that I am responsible for notifying UTK if there is any change to my enrollment status at either institution. I understand that the course(s) I take at the Host Institution must be required for completion of my degree at UTK per Course Program of Study guidelines. I authorize the Host Institution to release any required information to finalize my financial aid at UTK and allow the Host Institution to speak with UTK representatives concerning my balance or status. I understand that my awards will be paid to my account at UTK, and that I am fully responsible for ensuring all fees are paid in full to the Host Institution by their established deadline(s). I understand that I am responsible for submitting an official transcript to UTK from the Host Institution confirming completion of the course(s) for the term attended.

I have attached the following documentation:

Schedule form Host institution

UTK's Course Equivalency Table; showing that the course(s) transfer back to UTK

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### Section below to be completed by UTK Academic Advisor

I certify that the courses on the above-named student's Host Institution schedule submitted with this Agreement are required for the student as part of their degree program per Course Program of Study guidelines.

\_\_\_\_\_  
*Academic Advisor Name (PRINTED)*

\_\_\_\_\_  
*Academic Advisor Email Address*

\_\_\_\_\_  
*Academic Advisor Signature*

\_\_\_\_\_  
*Date*

### UTK Financial Aid Office Only

\_\_\_\_\_  
*Student Hours at UTK*

\_\_\_\_\_  
*UTK FA Advisor Name*

\_\_\_\_\_  
*UTK FA Advisor Email*

**Page below to be completed by Financial Aid Office at Host Institution**

The student listed on this form is seeking a degree or certificate from the University of Tennessee, Knoxville and plans to enroll at the Host Institution listed. This Consortium Agreement will allow UTK to disburse financial aid based on the student's combined enrollment at both institutions. UTK is responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and reporting federal requirements. Once UTK fees are paid, UTK will refund any excess financial aid to the student. The student is responsible for payment of all charges at the Host Institution.

The Host Institution will notify UTK if the student withdraws or drops below the required enrollment and will not process any financial aid during the above period of enrollment.

Host Institution Name: \_\_\_\_\_

Enrollment Term(s):              Fall:\_\_\_\_\_                              Spring:\_\_\_\_\_                              Summer:\_\_\_\_\_

Dates of Enrollment: From \_\_\_\_\_ to \_\_\_\_\_ Total Number of Hours Enrolled: \_\_\_\_\_  
MM/DD/YYYY                              MM/DD/YYYY

Course Number	Course Name	Course Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tuition & Fees: \_\_\_\_\_ Transportation: \_\_\_\_\_

Books & Supplies: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

\_\_\_\_\_  
*Host Institution Administrator Name (PRINTED)*                              *Phone Number*                              *Email*

\_\_\_\_\_  
*Host Institution Administrator Signature*                              *Date*