

Mail Stop 0230 Knoxville, TN 37996-0230 Phone: 865-974-1111 OneStop@utk.edu

Consortium Agreement

Student Last Name	Student First Name	MI	UTK ID Number	
Student UTK Email Addre	ess		Last 4 of SSN	
			*** _ ** _	
I will be a transient student at		durina	g the semest	ton
Host	institution	uurme	g thesemest	lei.
I understand that I must be enrolled in at least nine (chours at UTK during the term of the consortium agree if there is any change to my enrollment status at einstitution must be required for completion of my deflost Institution to release any required information speak with UTK representatives concerning my balanat UTK, and that I am fully responsible for ensuring deadline(s). I understand that I am responsible for confirming completion of the course(s) for the term at behalf of student via advisor UTK email. I have attached the following documentation:	ement, and I also understand ther institution. I understand gree at UTK per Course Progreto finalize my financial aid at ce or status. I understand that all fees are paid in full to the submitting an official transc	that I a l that am of UTK t my a e Hos ript to	am responsible for notifying Use the course(s) I take at the H f Study guidelines. I authorize and allow the Host Institution awards will be paid to my accost Institution by their establish o UTK from the Host Institution	TK lost the n to unt hed tion
Schedule from Host institution	UTK's Course course(s) trans		ralency Table; showing that the ack to UTK	!
Student Signature			Date	
Section below to be con	mpleted by UTK Acader	nic A	Advisor	
I certify that the courses on the above-named student' required for the student as part of their degree progra	s Host Institution schedule su m per Course Program of Stud	ıbmitt ly guio	ted with this Agreement are delines.	
Academic Advisor Name (PRINTED)	Acad	emic A	Advisor Email Address	
Academic Advisor Signature (Wet or mouse/stylus only)			Date	
LITK Fina	ncial Aid Office Only			_

Student Hours at UTK	UTK FA Advisor Name	IITK FA Advisor Email
Daga halayu te	he completed by Financial Aid Office	at Hast 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.

e:			
Fall:	Spring:		Summer:
From	to	Total Number of	Hours Enrolled:
	Course Name		Course Hours
_	Course Name		
	Course Name		
	Course Name		Course Hours
	Transp	oortation:	
	Miscell	laneous:	
ninistrator Name (PRINTED)	Phone Numbe	 er	Email
	Fall:	From	From to Total Number of

Host Institution Administrator Signature

Revised 12/15/2022

Date