

## Tennessee State University Consortium Agreement

Stude	ent Name (Prin	t):		TNumber:						
Last 4	4 digits of SSN:		_ Date of E	Birth:	·		Email:			
This	consortium	agreement	is betw	een			Universit <sup>®</sup> he agreem		•	
will c Acad schoo	Federal and St onfirm the stu emic Progress ol agrees not to might be provid	dent to be in (SAP) and re award Feder	an eligible port enroll ral financia	e prog Imen I aid	onsortium a gram of stud t to the Nat and will info	greemer dy, disbu tional Stu rm TSU o	nts. Tennes rse financia udent Loan of any schol	ssee State I Il aid, mon Clearingho arships or	University itor Satisfa ouse. The	(TSU) actory Host
<u>Stude</u>	ent Agreement	:								
•	a "Transien" I understan Host school I authorize t financial aid information I will be res from class. I must abide policies and I understan disburseme It is my res charges due I understan upon comp the transcri	nrolled and act" student at d that a TSU I as applicable the release of d eligibility. The and any other sponsible for a d that financiant schedules aponsibility to be to the Home d that I will be letion of the pt is received the terms and aion contained.	the Host so academic a towards r information his information er information any refundany refundany ites and properties at TSU and all aid fundand guidel meet reguined te required term of thill and review	chool advisony TS on to ation reduced the I ls will ines. istrates to see is agreed.	I and mainta or or Registi SU degree pl and by the H might include needed to de repayments ures regarding Host school. I be disburse tion deadling ools. end an acade reement. A h	in satisfarar Office an. lome and de GPA, etermine that mig mg finance ed directl es, paymenic tran hold will	ectory acades actory acades at aff must all Host school course school course school act and and all all all all all and and all all all all all all all all all al	emic progress certify consols as neededule, transitived if I draws and page Admission future filme best of respectively.	ess. ursework a ed to deter scripts, acc op or with ium Agree according ay all rema ns Office a nancial aid	at the rmine count adraw to all aining at TSU I until
		d result in teri						, ., a.	, = =	
	Student Sig	nature:					Date:			



## Tennessee State University Consortium Agreement

HOST SCHOOL SECTION: The Host school section of this form must be completed by a representative of the office of Student Financial Aid at your Host school and returned to our office. Upon completion, please submit the form to the Office of Financial Aid or email finaid@tnstate.edu, Consortium Subj: Dates of Enrollment \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ Academic Year \_\_\_\_ Term \_\_\_\_ Course Title Course# Credit Hours Tuition/Fees Room/Board Total \$ Statement of Verification: By signing below, all parties attest that the student is enrolled in a transient study program at the Host school, maintaining SAP and continuing to meet academic and non-academic requirements in pursuit of an associate or baccalaureate degree (if applicable). We agree to follow the guidelines set forth in this agreement. We understand that Federal and/or state funds will be paid directly to the student and the student will be responsible for paying charges at the Host school. Name of SFAO Representative at Host School (Print) Title Signature Date Email Phone TSU Academic Advisor or Registrar Verification: In addition to the above Statement of Verification, I have reviewed the courses/credits indicated above. They are in compliance with the student's program of study at TSU and will be accepted as transfer credits toward the degree program. Signature Date