

Tennessee State University Consortium Agreement

Student Agreement

- I must be enrolled and accepted for admission as a Big Blue SMART Dual Enrollment Online student at TSU and the host institution and maintain satisfactory academic progress.
- I authorize the release of information to and by the Home and Host schools as needed to determine grant eligibility. This information might include GPA, course schedule, transcripts, account information and other information needed to determine eligibility.
- I will be responsible for any refunds or repayments that might be required if I drop or withdraw from the class.
- I must abide by any policies and procedures regarding financial aid and/or Consortium Agreement policies and procedures at TSU and the Host school.
- I understand it is my responsibility to pay all remaining charges due the Home and Host schools.

When submitting the admissions application form, the student agrees to the terms and conditions of

this Consortium Agreement and states that, to the best of their knowledge, all information contained therein is accurate. The student understands that failure to comply with any of the conditions of this agreement could result in the agreement being cancelled. Student Name: _____ High School: _____ Enrollment term: Does student accept the HOPE Scholarship reduction for courses? Are you enrolled at another college? Yes ____ No ___ If yes, where_____ Student Signature_____ **Home/Host Institution Agreement** As the Home institution, TSU will award, disburse, and assure that the student is in compliance with the policies and procedures. The Host institution will verify enrollment, number of credit hours enrolled, and notify the Home institution of any changes in dual enrollment status. TSU Home Representative Signature/Date: Course at Home Institution & Credit Hours: _____ Host Institution Representative Signature/Date: Course at Host Institution & Credit Hours: 1st grant amount requested: 2nd grant amount requested: 4th grant amount requested: 3rd grant amount requested:

5th grant amount requested: _____

6th grant amount requested: