

# Consortium Agreement Form

## Austin Peay State University

BE A GOV!



Student Name (Print): \_\_\_\_\_ APSU I.D.: A \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

This consortium agreement is between Austin Peay State University (Home school) and \_\_\_\_\_ (Host school). The Agreement is set forth to comply with Federal and State regulations concerning consortium agreements. APSU will confirm the student to be in an eligible program of study, disburse financial aid, monitor Satisfactory Academic Progress and report enrollment to the National Student Loan Clearinghouse. The Host school agrees not to award Federal financial aid and will inform APSU of any scholarships or other resources that might be provided to this student for the enrollment period of the agreement.

### General Requirements and Information

- The financial aid office at your host school must document your registration, tuition and fees and room and board costs. They must also sign this form.
- You must be enrolled and accepted for admission as a degree seeking student at APSU. You must enroll as a “transient” student at the host school.
- You are required to enroll for a minimum of 6 credit hours at APSU for the entire term (this does not include summer terms) in order to receive financial aid. Consortiums will not be processed for students who are not enrolled for a minimum of 6 credit hours at APSU during the fall or spring terms.
- An APSU academic advisor or Registrar Office staff must certify coursework at the host institution is applicable to your APSU degree plan.
- You must maintain Satisfactory Academic Progress (SAP) guidelines for APSU. Courses taken at the host school will be treated the same as APSU courses for SAP.
- You will be required to send an academic transcript to the Admissions Office at APSU upon completion of the term of this agreement. A hold will be placed on future financial aid until the transcript is received and reviewed.
- You are responsible for any refunds or repayments that might be required if you drop or withdraw from classes. It is your responsibility to report changes in your enrollment, during the term of the consortium, to APSU.
- Financial aid will be disbursed according to the APSU disbursement schedule. Consortiums can cause delays in disbursement.
- It is your responsibility to pay all charges due to the Host school. If tuition and fees are due at the host school prior to financial aid being disbursed to your account at APSU, it is your responsibility to pay your host school.
- You understand and authorize APSU and the host school to share information about your educational records.
- If the consortium is for a summer term(s), you must complete the APSU Summer Financial Aid Application.

I agree to the terms and conditions of this Consortium Agreement. To the best of my knowledge, all information contained herein is accurate. I understand that failure to comply with any of the conditions of this agreement could result in the agreement being canceled.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The back 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:**

APSU Office of Student Financial Aid & Veterans Affairs

**Address.** P.O. Box 4546 \* Clarksville, TN 37044

**Fax.** 931-221-6329

**Email.** sfao@apsu.edu

**HOST SCHOOL SECTION**

Dates of Enrollment _____ to _____ Academic Year _____ Academic Term _____		
Course #	Course Title	Credit Hours
Tuition/Fees		
Room/Board		
<b>Total</b>	<b>\$</b>	

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 continues to meet the Tennessee Education Lottery Scholarship (TELS) academic and non-academic requirements in pursuit of an associate degree 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): \_\_\_\_\_

Signature of SFAO Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**APSU ACADEMIC ADVISOR OR REGISTRAR OFFICE REPRESENTATIVE**

In addition to the above Statement of Verification, I have reviewed the courses/credits indicted above. They are in compliance with the student's program of study at APSU and will be accepted as transfer credits toward the degree program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOME SCHOOL SECTION**

APSU credit hours \_\_\_\_\_ + Host credit hours \_\_\_\_\_ = Total credit hours \_\_\_\_\_  
**(6 hours req.)**

Total Number of TELS Attempted Hours: _____		TELS GPA: _____ (If Eligible for TN Lottery)	
Term Tuition and Fees (A)		APSU COA Components (B)	
Host School Tuition and Fees	\$ _____	Books/Supplies	\$ _____
Home School Tuition and Fees	\$ _____	Room and Board	\$ _____
		Transportation	\$ _____
		Personal	\$ _____
Total (A) \$ _____		Total (B) \$ _____	= Total COA \$ _____

Home School SFAO Official Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_