

Consortium Agreement

The following agreement provides the legal basis required by the federal government for **Dyersburg State Community College (DSCC)** to process federal financial aid for a student seeking a degree at DSCC who is enrolled at another eligible institution in coursework attributable toward their degree at DSCC.

Students wishing to enroll under this agreement shall contact the Financial Aid Office at DSCC to obtain the Consortium Agreement form. Students are responsible for securing and presenting this Consortium Agreement form to the host institution.

Section A – Student Information and Certification: *To be completed by the student*

Host Institution: _____ City/State: _____

Host Financial Aid Administrator’s (FAA) Name: _____

FAA Phone _____ FAA Email _____ FAA Fax _____

Student Information:

Student Last Name (Print)	First Name	M.I.	XXX-XX- Social Security Number	D00 DSCC ID Number
Street Address (Print)	City	State	Zip Code	
Phone Number	DSCC Email Address			

Term: Fall Spring Summer **Aid Year:** _____

Course work to be completed at Host institution for term and aid year specified above. You must complete a separate form for EACH semester.

CRN	Course Number	Name of Course	Credit Hours

Term Beginning Dates: _____ **Term Ending Dates:** _____

Section B – Student agrees to: *(Initial each statement)*

_____ I understand that this agreement is only for classes that are necessary for my program of study at DSCC, and only for the courses specified above.

_____ I have applied and enrolled as a “Transient/Non-Degree/Visitor” student at the Host Institution.

_____ I understand that it is my responsibility to ensure that an academic transcript from the Host Institution representing work attempted under this agreement is received by DSCC in a timely manner. **Without a transfer transcript on file, aid for future terms will not be available.**

_____ I understand that the transferred consortium credit hours will not reflect in my DSCC institutional GPA, but will be reflected in my: a) TELS GPA (HOPE recipients); b) overall DSCC GPA; c) calculation of Satisfactory Academic Progress (SAP) for financial aid at DSCC. **Failure to maintain SAP will result in the loss of financial aid eligibility.**

_____ **I understand that I am responsible for the payment of any and all educational costs incurred at the Host School by the fee payment deadline.**

_____ I understand that if I drop credit hours or withdraw completely from DSCC or the Host Institution during the term specified, **I could be required to repay any financial aid** disbursed through DSCC as a result of this agreement.

_____ I understand that should I make any changes to my schedule after signing the agreement, it is my responsibility to notify the Financial Aid Office immediately, as changes in enrollment could result in a change in the financial aid amounts.

_____ I understand that I will have to repay any overpayments to the DSCC Business Office resulting from a change of enrollment.

_____ I understand that financial aid disbursements will come from DSCC and will cover any DSCC tuition /fees **first**. Any remaining balance of aid will be issued to me in the form of a check or direct deposit by the Business Office.

I authorize the two institutions above to exchange information concerning my financial aid and academic record. I certify that my enrollment is as a regular student seeking a degree from DSCC, and that none of my transient hours are in correspondence classes.

Student Signature _____ **Date** _____

