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: _____

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 in courses that are required for your program of study at APSU.
    - If you are a participant in a 2+2 program partnership between a two-year school and APSU, please ensure that your Host school representative indicates this with the check box on the next page.
- 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. Tuition and fees are typically due at the host school prior to financial aid being disbursed to your account at APSU, and 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.

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 failure to comply with any conditions above could result in termination of the agreement.

Student signature: _____ Date: _____

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:

APSU Office of Student Financial Aid and Scholarships

Address. P.O. Box 4546 Clarksville, TN 37044
Email. sfao@apsu.edu

HOST SCHOOL SECTION

Dates of Enrollment _____ to _____ Academic Year _____ Academic Term _____

Course #	Course Title	Credit Hours

Tuition/Fees	
Room/Board	
Total	**$**

☐Please check this box if you verify that the student is a participant in the 2+2 Program.

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): _____ Title: _____

Signature of SFAO Representative: _____

Date: _____E-mail _____Phone 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

Complete COA worksheet separately, and attach to consortium agreement.

Home School SFAO Official Signature: _____ Name: _____

Title: _____ Date: _____