

Northeast State Community College Consortium Agreement Information

Please review and complete the attached consortium agreement. **This agreement allows you to receive financial aid for courses taken at another school which are required as part of your degree program at NESCC. By completing the Consortium Agreement your financial aid eligibility will be determined based on the enrollment information reported by your host institution in addition to your enrollment at NESCC.**

Prior to submitting a request for a Consortium Agreement at NESCC you must:

- **Complete the Student Section (I) and the Certification Section (IV) of the Consortium Agreement.** You will then submit the form to the Financial Aid Office of your host institution. *The Office of Financial Aid at your host institution will complete the Host Section (III), they will sign, and return the completed agreement to NESCC. It is the student's responsibility to ensure that this form is submitted to NESCC before the appropriate priority date.*

The following documents must be completed and submitted directly to the NESCC Office of Financial Aid:

- **Consortium Agreement with Sections I and III completed and appropriate signatures in Section IV**
- **Copy of your current class schedule from the host institution**
- **Transcript Request Form** - This document will be used by our office to request a transcript on your behalf at the end of the semester.

Consortium Agreements that have been fully completed (following the above instructions) and submitted to our office by the following dates will be processed prior to the first day of the semester:

Semester	Priority Deadline
Fall	August 1
Spring	December 15
Summer	April 15

Fully completed Consortium Agreements submitted to our office after these dates will be processed in date order as time permits.

IMPORTANT

- **IT IS YOUR RESPONSIBILITY TO PAY THE REQUIRED FEES AT THE HOST INSTITUTION.**
- Financial aid disbursements will come from NESCC and will cover any NESCC tuition/fees first. Any remaining balance of aid will be issued to the student in the form of a check or direct deposit after the census date (14th day afterterm begins).
- If you make any changes to your schedule after signing this agreement, it is your responsibility to notify the NESCC Financial Aid Office immediately, as changes in enrollment could result in a change in financial aid eligibility.
- At the end of the semester, you will need to verify that an official transcript has been received by the NESCC Office of Admissions & Records. A hold restricting future aid disbursement will be placed on your account until these transcripts are received and evaluated.

If you have any questions about your Consortium Agreement, please contact
Justin Smith, NESCC Financial Aid Office
(423) 354.5289 or jcsmith@northeaststate.edu

NESCC Financial Aid Office CONSORTIUM AGREEMENT



According to federal regulations, a Consortium Agreement must exist before a parent institution can process an application for federal funds for students attending another host institution. Therefore, the two institutions named below herein enter into a Consortium Agreement for:

I. TO BE COMPLETED BY STUDENT

Student Name: _____ NESCCID Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Major: _____ Minor: _____

Reason for taking class(es) at host institution instead of NESCC: _____

Number of credit hours you are taking at NESCC this semester: _____

Number of credit hours you are taking at host school this semester: _____

Course(s) to be taken at host institution	
Name of Course	Course Number

PARENT INSTITUTION: Northeast State Community College (NESCC)

HOST INSTITUTION: _____

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 NESCC and that none of my hours are in correspondence classes.

Student Signature: _____ Date: _____

II. TO BE COMPLETED BY NESCC REGISTRAR'S OFFICE

Student must obtain the signature of the following NESCC Department Representative:

My signature below verifies that the course(s) that _____ will be taking at

_____ during the _____ semester are the academic equivalent to
(Student's Name)
(Name of Host Institution)

required course(s) for the student's NESCC degree program and will transfer to NESCC as required course(s) or is/are included as part of an approved articulation agreement.

Signature: _____ Title: _____ Date: _____

III. TO BE COMPLETED BY FINANCIAL AID OFFICE AT HOST INSTITUTION

_____ certifies that the above student has
(Institution)
registered as a visiting student for the _____ academic term.

Dates of attendance: _____ to _____. Total credit hours enrolled: _____.

Cost of Attendance	
Tuition & Fees	
Room & Board	
Books & Supplies	
Miscellaneous	
Travel	
Total	

IV. CONSORTIUM AGREEMENT CERTIFICATION

Student Name: _____ ID # at Host Institution: _____ NESCC ID #: _____

NESCC agrees to provide payment (s) to the above-mentioned student, if eligible, under the Title IV Federal Financial Aid Programs for the term specified above.

Signature: _____ Date: _____

(NESCC Financial Aid Office Representative)

The Host Institution agrees NOT to provide federal aid funds to the above named student and to notify NESCC of any changes to enrollment status.

Signature: _____ Date: _____

Name of Institution: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

RETURN ORIGINAL TO:
Financial Aid Office
Northeast State Community College
P.O. Box 246 Blountville, TN 37617
Fax: (423) 323-0232

If you have any questions about your Consortium Agreement, please contact
Justin Smith, NESCC Financial Aid Office
(423) 354-5289 or jcsmith@northeaststate.edu

COLLEGE TRANSCRIPT REQUEST FOR A CONSORTIUM AGREEMENT

Date: _____

TO THE REGISTRAR OF:

Name of College or University: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO WHOM IT MAY CONCERN:

I am attending your school through a Consortium Agreement between Northeast State Community College and your institution.

Please mail an official transcript of my record to:

**NORTHEAST STATE COMMUNITY COLLEGE
OFFICE OF ADMISSIONS & RECORDS
P.O. BOX 246
BLOUNTVILLE, TN 37617-0246**

Please forward this at the completion of the following semester/year:

Fall _____ (Year) Spring _____ (Year) Summer _____ (Year)

Please waive any charges for this service due to the Consortium Agreement entered into between both schools.

Student's Signature: _____

ID Number at Host Institution: _____ NESCC ID Number: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name under which I was enrolled (if different from name above): _____