

SECTION I: TO BE COMPLETED BY THE STUDENT

Name: _____ Student ID Number: _____

Home Phone: _____ Cell Phone: _____

Consortium Term: Fall Spring Summer Year: _____

Please note: With few exceptions a consortium agreement specifically applies to one term of enrollment.

Do you plan to enroll at Johnson University during the consortium term? (Please check one) Yes No

If "Yes", how many hours do you plan to enroll at Johnson? _____

Statement of Authorization:

I agree to:

- Have the host school send the completed form to Johnson University by the first Friday of the consortium term (first Friday of classes at Johnson).
- Complete the hours indicated in Section IV of this agreement at the host institution and the hours listed above at Johnson.
- Comply with Johnson's and the host schools policies regarding refunds, Satisfactory Academic Progress, and all other eligibility requirements. **Students must have his/her account in good standing prior to the required dates: 8/15 (Fall), 12/15 (Spring), and 4/15 (Summer). Processing of this form does not constitute a valid reason for late payment of fees at Johnson, as fee payment deadline is prior to the form completion deadline.**
- Pay enrollment fees in a timely manner to both the host school and Johnson University. *(Please note: Johnson will disburse financial aid according to the Johnson University disbursement schedule. If enrollment fees are due at the host school prior to financial aid being disbursed to your account at Johnson, it is your responsibility to pay your host school in a timely manner.)* **Financial aid received from Johnson will not be directly transferred to your host school.**
- Ensure that an official academic transcript from my host school is provided to the Johnson University Registrar's Office at the completion of the course.
- Allow Johnson University and the host school to share information related to my enrollment and financial aid eligibility.
- Failure to successfully complete any/all courses at the host institution or Johnson could affect my financial aid package. A Consortium Agreement must be in place no later than the end of the Add/Drop period, or my Johnson University financial aid package will be adjusted based on my enrollment at Johnson.

Student's Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY THE JOHNSON UNIVERSITY REGISTRAR

(Student's Name) _____ intends to enroll in the following courses at _____ (host school). These courses are the academic equivalent to the Johnson University courses listed. *(Please list additional courses on a separate sheet, if necessary.)*

Course: _____ Johnson Equivalent: _____

Course: _____ Johnson Equivalent: _____

My signature below confirms that the courses to be taken at host school will be accepted as partially fulfilling the requirements of the student's degree program at Johnson University.

 Registrar's Signature

 Date

 Registrar's Printed Name

 Phone Number

 Email Address

SECTION III: TO BE COMPLETED BY THE JOHNSON UNIVERSITY FINANCIAL AID OFFICER

My signature below affirms that I have gone over the terms of the consortium agreement with (Student Name)_____. To the best of my knowledge, the student meets the terms of this agreement.

Financial Aid Officer Signature Printed Name Date

Attention Students: Please visit the Financial Aid website at <http://JohnsonU.edu/FinancialAid> for current phone and walk-in hours.

SECTION IV: TO BE COMPLETED BY THE HOST SCHOOL'S FINANCIAL AID OFFICE

Enrollment Dates at Host School: _____ to _____

Enrollment Status while at Host School: < ½ time ½ time > ½ time fulltime

Please list below all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.)

Course: _____ Credit Hours: _____ (semester / quarter)

Course: _____ Credit Hours: _____ (semester / quarter)

Total Credit Hours: _____

Cost of Attendance for enrollment period stated above:

Tuition & Fees: \$ _____
 Room & Board: \$ _____
 Books & Supplies: \$ _____
 Transportation: \$ _____
 Other (Please Specify)\$ _____
 _____: \$ _____
TOTAL \$ _____

As a representative of the host institution you agree to:

- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV and State financial aid requirements.
- Not award any federal, state, institutional, or private aid during the time the student is enrolled at your school.
- Accept payment from the student, apply it to your enrollment charges and disburse any credit balance to the student in accordance with your schools policy.
- **Notify Johnson University immediately** to supply the effective date(s) if the student withdraws or drops any hours reported in this agreement.
- Upon the students request, facilitate the release of an official academic transcript to Johnson University upon completion of the consortium term. *(Please note: The student's signature in Section I of this agreement authorizes the host institution to provide an official academic transcript to Johnson University.)* Please send the transcript to the following address:

**Registrar's Office
 Johnson University
 7900 Johnson Drive
 Knoxville, TN 37998**

Signature Date

Printed Name & Title Office Phone

Email Address Office Fax

**All completed forms can be mailed to the address indicated below or faxed to 865-251-3333.
 Please send to the attention of: Financial Aid Office.**

