

Checklist for taking classes at another school:

- 1. Enroll as a transient student at the Host Institution.**
- 2. Enroll in classes at the Host Institution.**
- 3. Print off class schedule and complete the concurrent enrollment form.**

Concurrent Enrollment Form:

- 1. Complete Section A:**
 - **Host institution contact information**
 - **Host institution class schedule**
 - **READ concurrent enrollment rules and sign that you agree to the rules**
- 2. UTM Records Office will complete Section B.**
- 3. Once the UTM Records Office has verified your classes they will return the form to the UTM Financial Aid Office and we will send your consortium agreement to the host institution to complete section C.**
- 4. The host institution will complete the form and then return the form to the UTM Financial Aid Office and we will issue your aid.**

PLEASE NOTE – you will have to pay the host schools fees/tuition out of pocket and then your financial aid from UTM will reimburse you the cost.

Concurrent Enrollment Form

Section A: Student Information and Certification: *To be completed by the student.* Complete section A and submit to the UTM Records Office, with copies of the Host Institution's course descriptions.

HOME Institution: The University of Tennessee at Martin, Martin, TN 38238

Host Institution: _____ **City/State** _____

Host Financial Aid Administrator (FAA) Name: _____

FAA Phone: (____) _____ **FAA Email:** _____ **FAA Fax:** (____) _____

This constitutes a financial aid consortium agreement between UT Martin (HOME Institution) and the HOST Institution.

STUDENT SECTION (please print)

Student Name: _____
LAST FIRST M.I.

UTM Student ID: _____ Term: ___ Fall ___ Summer ___ Spring Aid Year: _____

Student email address: _____ Student phone: _____

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

Name of Course	Course Number	Credit Hours	Name of Course	Course Number	Credit Hours
1.			3.		
2.			4.		
Term Beginning Dates _____			Term Ending Dates _____		

- 1) I understand that this agreement is only for classes that are necessary for my program at UTM, and only for the courses specified above. I understand that I must satisfy all other requirements for graduation (see Records Office for specific requirements).
- 2) 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 UTM in a timely manner. **Without a transfer transcript on file, aid for future terms will not be available and you will have an admission hold placed on your account to prevent registration.**
- 3) I understand that the transferred consortium credit hours will not reflect in my UTM institutional GPA, but will be reflected in my: a) TELS GPA (HOPE recipients); b) overall UTM GPA; c) calculation of Satisfactory Academic Progress (SAP) for financial aid at UTM. **Failure to maintain SAP will result in the loss of financial aid eligibility.**
- 4) **I understand that I am responsible for the payment of any and all educational costs incurred at the Host School.**
- 5) I understand that if I drop credit hours or withdraw completely from UTM or the Host School during the term specified, **I could be required to repay any financial aid** disbursed through UTM as a result of this agreement.
- 6) I understand that the Concurrent Enrollment form **MUST** be completed and submitted to the UTM Financial Aid Office before the last day of the term at UTM, otherwise this request is null and void. I understand that it is my responsibility to submit this form to the Host Institution at least six weeks prior to the end of UTM's semester. I understand that this form will be returned to me by the UTM Records Office, and that it is my responsibility to submit it to the Host Institution in a timely manner. The Host Institution will return the form to the UTM Financial Aid Office once it has been completed.
- 7) I understand that if I am not concurrently enrolled at UTM, my lottery award amount will be paid based on the Host Institution's award amount.

Student Signature: _____

Date: _____

Student Name: _____ **UTM ID:** _____

Section B: UTM academic certification of classes to be taken at HOST Institution: *To be completed by the Records Office.*

I certify that the approved classes this student proposes to take as a transient student at the HOST Institution will be transferable and will satisfy degree requirements at UTM as of signing date, or the classes are requirements to advance to degree-level courses at UTM as of signing date.

Records Office/Graduate School Signature

Printed Name

Date

Section C. Financial Aid Agreements-UTM & Host Institution: *To be completed by Host Institution's Financial Aid Office.*

Student's credit hours at Host Institution for the consortium term: _____ Semester Hours _____ Quarter Hours

Student's status is transient Yes No

Date Classes Begin: _____ Date Classes End: _____

Host Institution's official last date to withdraw without penalty: _____

Cost of Attendance for the term listed in this agreement:

Tuition & Fees: _____ Books & Supplies: _____

Room & Board: _____ Transportation: _____

Personal Expenses: _____ Other: _____

Total Cost of Education: _____

UTM and the Host Institution agree to the following:

- 1) The University of Tennessee at Martin (UTM) certifies that the student is enrolled in a degree program at UTM and is maintaining Satisfactory Academic Progress. The credits earned at the Host Institution are transferrable to UTM.
- 2) UTM will award and disburse Title IV financial aid to the student for the term specified, in accordance with Title IV guidelines.
- 3) The Host Institution agrees not to provide federal or state financial aid for the above named student during the specified consortium term.
- 4) The Host Institution agrees to return this completed form to the UTM Financial Aid Office for processing.
- 5) The Host Institution agrees to notify the UTM Financial Aid Office immediately of any change in the enrollment status of the above named student during the specified consortium term.

Host Financial Aid Administrator Signature

Printed Name

Date

Printed Name (Host administrator)

Email Address (host)

Telephone Fax

For The University of Tennessee at Martin Use

UT Martin Hours _____
Visiting Inst. Hours _____
Total Hours _____

Term: () Fall () Spring () Summer

Year _____

Financial Aid Representative

Date