



# Consortium Agreement Contract

**Student: Please complete section 1 of this form and forward to the Host Institution.**

## Section 1. To be completed by the student

Name: \_\_\_\_\_ Home ID: \_\_\_\_\_

Address: \_\_\_\_\_ Host ID: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### By signing this consortium agreement, I (the student) agree to:

- Allow the Host Institution to speak with any representative at Bryan College concerning my balance or status.
- Notify the Financial Aid Office if there is a change in my enrollment status at either institution.
- Authorize the Host Institution to release any required information to finalize my Dual Enrollment Grant at Bryan College.
- Have my entire Dual Enrollment Grant processed only by Bryan College.
- Take responsibility for payment arrangements at the Host Institution.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 2. To be completed by the Host (Visiting) Institution

- The student listed above is taking a Dual Enrollment course at Bryan College (BC) and plans to enroll at the Host Institution listed below.
- This Consortium Agreement will allow BC to disburse Dual Enrollment Grant funds based on the student's combined enrollment at both institutions.
- BC is responsible for determining eligibility of awards, disbursing aid, keeping records, returning funds, and reporting requirements.
- Once BC tuition and fees are paid, BC will refund any excess Dual Enrollment Grant funds to the student.
- The student is responsible for payment of all charges at the Host Institution.

**Please see the next page.**

**Section 2. To be completed by the Host (Visiting) Institution**

Name of Host Institution: _____	Tuition: \$ _____
Enrollment Period _____	Fees: \$ _____
Dates of Enrollment: From _____ to _____ M/D/Y M/D/Y	Cost of Attendance: \$ _____

Course Number	Course Title	Credit Hours

**Under this agreement, the Host Institution:**

- Certifies that the student is enrolled in the courses listed above.
- Will notify Bryan College if the student withdraws or drops below the required enrollment.
- Will **NOT** process any state aid during the above period of enrollment.

_____	_____
Printed Name	Title
_____	_____
Authorized Signature	Date
_____	_____
Office Phone Number	Email Address

**Host Institution: Please send this form to**

Beth Hixson  
 Student Financial Specialist  
 Bryan College  
 721 Bryan Drive  
 Dayton, TN 37321  
 (423)775-7557 Office

**Section 3: To be completed by the Home Institution (Bryan College)**

Bryan College agrees to verify, certify and pay TN HOPE Dual Enrollment Grant funds based on the information provided in this consortium agreement.

_____	_____
Authorized Signature	Date