

TN Dual Enrollment Consortium Agreement Form

The TN Dual Enrollment Consortium Agreement Form is required for any student who intends to utilize the TN Dual Enrollment Grant for classes taken at two eligible post-secondary institutions within the same semester. This agreement is valid for only one semester and The University of Memphis is the Home Institution.

By signing below, I agree to the following information:

1. I must meet all of the eligibility requirements, as determined by the Student Financial Aid Office and those outlined by the Tennessee Student Assistance Corporation (TSAC).
2. I must successfully apply for the Dual Enrollment Grant online at [CollegePaysTN](#) for the semester marked below. The application processing deadline dates for the college award year are: **September 15** for fall enrollment, **February 1** for spring, or **May 15** for summer enrollment.
3. I am required to repay the TN Dual Enrollment Grant should I drop or withdraw from any class.
4. I must return this agreement to The University of Memphis prior to the end of the Host Institution's drop/add period for the specified term.
5. I authorize and release my host institution and The University of Memphis to exchange my class schedule, GPA, transcript, and account statement, or any other records require to execute my Dual Enrollment Grant.

A. STUDENT CERTIFICATION

Student Name: _____ Last 4 Digits of student's SSN: _____

Mailing Address: _____ Email: _____

City, State, Zip: _____ Telephone: _____

Student Signature: _____ Date: _____

B. HOST SCHOOL CERTIFICATION

Host Institution Name: _____

This agreement is for the following Term (Choose One): Fall Spring Summer

Course Number and Description: _____ Credit Hours: _____

Tuition and Fees Charged for this course: _____ Qualifies as High Need/HD Y / N

I certify that the above information is correct to the best of my knowledge. I also agree to notify the Student Financial Aid Office at The University of Memphis if the student's enrollment status changes. Upon verification of the student's eligibility and receipt of TN Dual Enrollment Grant funding from TSAC, The University of Memphis will send payment, on the student's behalf, to the attention of the Host Institution indicated below. Please return this form to the Student Financial Aid Office at the address above.

Host Institution Representative Signature: _____ Date: _____

Host Institution: _____ Telephone: _____

Mailing Address: _____ Fax Number: _____

City, State, Zip: _____ Email: _____
