

## 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.



Office of Financial Aid & Scholarships

205 Admin Bldg • Martin, TN 38238 Phone: 731-881-7040 • Fax: 731-881-7036 faquestions@utm.edu

## **Concurrent Enrollment Form**

Section A. Student Information and Cartification: To be completed by the student. Complete section A and submit to

	ersity of Tenness	ee at mart	in, Martin, TN 38238		
Host Institution:	City/State				
Host Financial Aid Administr	rator (FAA) Nam	ne:			
FAA Phone: ()	FAA Email:		FAA Fax:	()	
This constitutes a financial aid	consortium agree	ment between	en UT Martin (HOME Institution	n) and the HOST l	Institution
TUDENT SECTION (please pri	int)				
Student Name:L	AST		FIRST M.	<u>I.</u>	
TM Student ID:		Term: _	FallSummerSpring	Aid Year:	
tudent email address:			Student phone:		
Course work to be completed at Host			pecified above. You must complete a s		
Name of Course	Course Number	Credit Hours	Name of Course	Course Number	Credit Hours
			3.		
			4.		
		Term I	Ending Dates		
Cerm Beginning Dates					

- 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 award amount.	amount will be paid based on the Host Institution's
Student Signature:	Date:



Office of Financial Aid & Scholarships
205 Admin Bldg • Martin, TN 38238
Phone: 731-881-7040 • Fax: 731-881-7036 faquestions@utm.edu

Student Name:	UTM ID:	· · · · · · · · · · · · · · · · · · ·
Section B: UTM academic certification of Records Office.	f classes to be taken at HOST Insti	tution: To be completed by the
I certify that the approved classes this student propular will satisfy degree requirements at UTM as of sign as of signing date.		
Records Office/Graduate School Signature	Printed Name	Date
<b>Section C. Financial Aid Agreements-UTI</b> <i>Office.</i>	M & Host Institution: To be complete	d by Host Institution's Financial Aid
Student's credit hours at Host Institution for the co	onsortium term: Semester Ho	ours Quarter Hours
Student's status is transient Yes No		
Date Classes Begin:	Date Classes End:	
Host Institution's official last date to withdraw with	hout penalty:	
Cost of Attendance for the term listed in this a	agreement:	
Tuition & Fees:	Books & Supplies:	
Room & Board:	Transportation:	
Personal Expenses:	Other:	
Total Cost of Education:		
UTM and the Host Institution agree to the follo  1) The University of Tennessee at Martin (UTM) of Satisfactory Academic Progress. The credits earne  2) UTM will award and disburse Title IV financial  3) The Host Institution agrees not to provide federaterm.  4) The Host Institution agrees to return this completes  5) The Host Institution agrees to notify the UTM Financed student during the specified consortium terms.	certifies that the student is enrolled in a ded at the Host Institution are transferrable to aid to the student for the term specified, it all or state financial aid for the above named teted form to the UTM Financial Aid Office Financial Aid Office immediately of any classical and off	o UTM.  n accordance with Title IV guidelines.  ed student during the specified consortium  e for processing.
Host Financial Aid Administrator Signature	Printed Name	Date
Printed Name (Host administrator)	Email Address (host)	Telephone Fax
For The	e University of Tennessee at Martin Use	
UT Martin Hours Visiting Inst. Hours Total Hours	Term: ( ) Fall ( ) Spring ( ) Summer	Year

Financial Aid Representative

Date