

## **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. Turn the concurrent enrollment form into the UTM Records Office to complete Section B.**
- 3. Once the UTM Records Office has returned the form you will need to send the form 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.**

**Concurrent Enrollment Form**

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**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.

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**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.		
<b>Term Beginning Dates</b> _____			<b>Term Ending Dates</b> _____		

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- 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.**
- 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 \_\_\_\_\_ Term: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year \_\_\_\_\_  
 Visiting Inst. Hours \_\_\_\_\_  
 Total Hours \_\_\_\_\_  
 \_\_\_\_\_  
 Financial Aid Representative                      Date