



DR. ROBERT W SMITH
Interim Executive Director

BILL LEE
Governor

Tennessee Student Assistance Corporation
Dual Enrollment Grant (DEG)
Consortium Agreement Between Eligible Postsecondary Institutions

Please Print Clearly

STUDENT SECTION:

XXX-XX-

| Last Name | First Name | M.I. | Partial Social Security Number |
|--------------|---------------|------|--------------------------------|
| () | | | |
| Phone Number | Email Address | | |

The DEG Consortium Agreement is used among eligible postsecondary institutions that award DEG Scholarships to high school students who are admitted for dual enrollment and otherwise meet the DEG program eligibility requirements.

If eligible, the postsecondary institutions associated with this agreement will inform the student of their financial aid process and payment policy. The amount awarded will be based on the type of institution in which the student is dual enrolled.

A separate Consortium Agreement is required for each semester/term of dual enrollment. For the best outcome, the student must execute the DEG Consortium Agreement in advance of the upcoming semester/term of dual enrollment. If the DEG is not available for use in time to pay educational expenses at the eligible postsecondary institution, the institution may require the student to pay out of pocket expenses by the institutional payment due date.

I plan to dual enroll this semester/term at the following institutions.

| |
|--|
| |
| |
| |
| |

Once signed by the student, submit the form to the financial aid offices at the institutions listed above. Each institution must complete the **Eligible Postsecondary Institution Section** on the following page(s) and sign the **Statement of Verification**. If each institution verifies your eligibility status to participate in the DEG program, they will inform you of their financial aid process and payment policies. Upon completion of the semester/term of dual enrollment, request a copy of the transcript and have it sent to **ALL** institutions participating in this agreement so that continued DEG eligibility can be determined. Failure to do so in a timely manner may prevent future Dual Enrollment Grant awards.

Statement of Compliance: I acknowledge that it is my responsibility as a participant in the DEG program to ensure that this agreement is accurate and signed by the financial aid administrator at each eligible postsecondary institution and that each institution will receive official transcripts following the semester/term associated with this agreement.

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|



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ELIGIBLE POSTSECONDARY INSTITUTION SECTION

Primary Postsecondary Institution

Primary Institution Name

Academic Year: _____ Academic Term: _____ Award Amount: \$ _____

| Course Number | Credit/Clock Hours | Course Title |
|----------------------|---------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Statement of Verification: By signing below, I certify the student's dual enrollment and DEG program eligibility status.

Financial Aid Admin. Printed Name

Phone #

Financial Aid Admin. Signature

Date

Additional Institution

Additional Institution Name

Academic Year: _____ Academic Term: _____ Award Amount: \$ _____

| Course Number | Credit/Clock Hours | Course Title |
|----------------------|---------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Statement of Verification: By signing below, I certify the student's dual enrollment and DEG program eligibility status.

Financial Aid Admin. Printed Name

Phone #

Financial Aid Admin. Signature

Date



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ELIGIBLE POSTSECONDARY INSTITUTION SECTION

Additional Institution

Additional Institution Name

Academic Year: _____ Academic Term: _____ Award Amount: \$ _____

| Course Number | Credit/Clock Hours | Course Title |
|----------------------|---------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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Financial Aid Admin. Printed Name

Phone #

Financial Aid Admin. Signature

Date

Additional Institution

Additional Institution Name

Academic Year: _____ Academic Term: _____ Award Amount: \$ _____

| Course Number | Credit/Clock Hours | Course Title |
|----------------------|---------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Statement of Verification: By signing below, I certify the student's dual enrollment and DEG program eligibility status.

Financial Aid Admin. Printed Name

Phone #

Financial Aid Admin. Signature

Date