

Consortium Agreement

Student Agreement

- 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.

When submitting the online admission application or the student agrees to the terms and conditions of this Consortium Agreement and states that, to the best of their knowledge, all information contained therein is accurate. The student understands that failure to comply with any of the conditions of this agreement could result in the agreement being canceled, and the student being financially responsible for enrolled courses.

Student Name: High School:

Home/Host Institution Agreement

As the Home institution, APSU will award, disburse, and assure that the student is in compliance with policies and procedures. The Host institution will verify enrollment, number of credit hours enrolled, and notify the Home institution of any changes in dual enrollment status.

Austin Peay State University

Award Amount: \$ _____

Course Number	Credit 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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Award Amount: \$ _____

Course Number	Credit 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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Please make checks payable to: Austin Peay State University.

Mail to: The Office ofDual Enrollment, P.O. Box 4575, Clarksville, TN 37044.