



**Consortium Agreement – Distance Ed  
TBC “Home”**

**(this form must be completed in its ‘entirety’ and signed by the  
‘host’ campus before submitting to TBC for consideration)**

A consortium agreement, which can exist between eligible schools only, can apply to all the SFA Programs. Under such a written agreement, students may take courses at an institution other than the “home” institution where the student expects to receive a degree or certificate and have those course(s) from the “host” institution count toward the degree or certificate at the home school. **(\*Note, the “host” is defined as the non-degree granting institution delivering the course(s).)**

Student Name: \_\_\_\_\_ Last four digits SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ What term? (circle) Fall Spring Summer Year 20 \_\_\_\_\_

I agree and understand:

- 1. That I am expected to utilize my TBC email account at all times (mandatory for communication).**
- 2. That I must file a form for each campus ‘hosting’ a course(s) for the semester in question.**
- 3. That I am solely responsible for making sure any tuition, fees, room and board and any other fees charged by the host institution are paid on schedule.**
- 4. To give the host institution permission to release all information necessary to approve this application.**
- 5. I understand that by requesting this consortium I agree to have a grade transcript sent from the ‘host’ campus to TBC at the end of this semester (future aid will be on ‘hold’ until transcript(s) are received/evaluated).**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Host Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Financial Aid Office Phone: \_\_\_\_\_ FA Office Fax: \_\_\_\_\_

Courses you will be taking at the Host Institution:

Course Number	Course Title	Credit Hours

The “host” institution Financial Aid Office will review this agreement and, if approved, forward it to TBC’s fax of 701-349-5786. The “host” campus agrees not to provide financial aid to this student during this term.

Host Campus: \_\_\_\_\_ Phone #: \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Email address contact: \_\_\_\_\_ **Revised: 09/15/2011**