



Summer TELS Consortium Agreement for Transient Study

Student's Last Name	Student's First Name	M.I.	Social Security Number
<hr/>			
Student's Phone Number		Student's Email Address	

This Consortium Agreement applies to eligible postsecondary institutions that award TELS scholarships to students in pursuit of an associate or baccalaureate degree. A separate Consortium Agreement is required for each transient study semester and students must be enrolled in at least 6 semester hours and are pursuing an associate or baccalaureate degree. Upon completion of the courses, a copy of the student's transcript must be forwarded to Union University the "home" institution.

Home Institution means an eligible postsecondary institution in which the student continues to be academically eligible for TELS and is in pursuit of an associate or baccalaureate degree.

Host Institution means an eligible postsecondary institution in which the student is enrolled in at least six (6) semester hours in a transient study capacity and may or may not be enrolled as a degree seeking student.

The student must execute this TELS Consortium Agreement to receive the HOPE Scholarship or HOPE Access Grant to attend the **Host institution** by completing the following steps:

1. Have the **Host Institution** confirm the semester courses listed below and sign the **Statement of Verification**.
2. Have UU Registrar's Office approve the courses listed below. The courses must apply towards the degree program.
3. Union University Student Financial Planning Office must complete the section under **Home Institution Certification** and sign the **Statement of Verification**. An application for transfer of credit must be attached to this form.

Host Institution: Complete the section below by listing the transient courses in which the student is enrolled for the semester.

Academic Year: _____ Academic Term: S u m m e r

Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Union University Certification: Total Number of Attempted Hours and cumulative TELS GPA as of the Academic Year and Academic Term listed above.

Total Number of Attempted Hours: _____ TELS GPA: _____

Statement of Compliance: I acknowledge that it is my responsibility as a participant to ensure that this agreement is accurate and signed by the appropriate persons and returned to the Financial Aid Office at each institution.

Student Signature

Date

Statement of Verification: By signing below, all parties attest that the student is enrolled in a transient study program, maintaining SAP and continues to meet the TELS academic and non-academic requirements in pursuit of an associate degree or baccalaureate degree. **If not concurrently enrolled, the award amount paid to the student is based on the Host Institution's award amount rate.**

Host Institution Name

Financial Aid Administrator Signature

Date

Union University Registrar's Signature/Designee

Date

Union University Financial Aid Rep. Signature

Date