

6965 Cumberland Gap Parkway

Harrogate, TN 37752 Phone: 423.869.6336 Fax: 423.869.6347

Consortium Agreement

Student Information & Certification

	T			T	
Student Name	Last 4 of Social	LMU St	udent ID	Date of Birth	
Address	City		State	Zip Code	
Hank Institution Name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. C t /V -		
Host Institution Name			Visiting Semester/Year		
his is to certify that I am in a degree-seeking program at Lincoln Memorial University and have been granted permission by the egistrar to be enrolled as a transient visiting student. MU Registrar Representative Signature:					
Institutional Agreement (to be completed by the Host Institution and returned to Lincoln Memorial University)					
				1 <i>1</i>	
 Lincoln Memorial University agrees to: Consider this student enrolled in an eligible program of study and degree-seeking Grant transfer credit for all approved courses Determine the student's eligibility for financial aid based on the cost provided below by the host institution Maintain all records in accordance with federal regulations 	Accept this student in a visiting transient status Accept payment for the approved financial aid to be applied toward direct educational charges Notify Lincoln Memorial University's Office of Student Financial Services if the student fails to enroll or changes enrollment status				
HOME INSTITUTION Lincoln Memorial University Office of Student Financial Services 6965 Cumberland Gap Parkway Harrogate, TN 37752 Phone: (423) 869.6336 Fax: (423) 869.6347 Approved for Financial Aid:	HOST INSTITUTION Institution: Contact Name: Address: City: Phone: Fax: Cost of Attendance per Semester: Tuition/Fees: Room/Board: Books: Personal/Travel: Total: State: Zip: Number of hours student is enrolled: Enrollment Period:				
Signature: Date:	Signature: Date:				
Title:	Title:				
	1	-	tudent's class s	chedule for the term	