



Dual Enrollment Consortium Information Worksheet
(CSRTFA, CSRTSP, CSRTSU)

In order to receive Dual Enrollment Grant funds, **this form must be completed in its entirety and submitted to the Office of Student Financial Aid along with a copy of your current class schedule from the other institution you are attending.** If the form is submitted incomplete or the class scheduled is not attached the form will be returned unprocessed.

TO BE COMPLETED BY STUDENT:

_____		_____	
Student Name		ETSU ID Number	

Address	City	State	Zip

_____		_____	
Phone Number		Email address	

Attached is a copy of my current schedule from:
(Please circle name of institution you are attending or insert name by Other)

- Northeast State
- Walters State
- Tusculum
- Milligan
- King
- Other _____

Any Dual Enrollment Grant disbursements will be sent to ETSU and will cover any ETSU tuition/fees first. Any remaining balance will be issued to the student in the form of a check or direct deposit. It is the responsibility of the student to pay his/her bill at the other institution listed above by their fee payment deadline. This Dual Enrollment Consortium Worksheet is valid for only one semester.

_____	_____
Student Signature	Date