

Consortium Agreement



Office of
Student Financial Aid
UNIVERSITY OF WISCONSIN-MADISON

Name _____
Last First

UW Campus ID # _____

Section 1. Completed by UW-Madison Student

Host Institution Details

(The college or university that you'll be attending instead of UW-Madison)

Host Institution Name _____

Contact @ Host Institution's Financial Aid Office _____

Address of Host Institution's Financial Aid Office _____

☐ I will notify the Office of Student Financial Aid at UW-Madison of any enrollment changes at my host institution and know that I am responsible for any resulting changes to my financial aid.

☐ **For Undergraduates Only** -My DARS report is attached, and I have indicated on that document which degree requirement(s) for my major _____ (specify) this consortium agreement will satisfy.

I certify that I have read and understand the [Consortium Agreement Process](#).

Student's Signature _____

Date _____

Section 2. Completed by Host Institution

[Federal School Code](#): _____

The Host Institution must agree to each of these statements for the agreement to proceed. (initial only)

The Host Institution:

_____ is a Title IV-eligible school and agrees that the tuition balance is held at their institution and not with another partner/institution.

_____ will NOT PROVIDE financial aid to the above-named student for the term(s) specified.

_____ will verify enrollment status and notify the Home Institution of any changes to the above-named student's enrollment status within 14 business days.

_____ confirms the following,

Enrollment Status

Number of Credits _____

Date enrolled _____

Enrollment Period

Fall ☐ Spring ☐ Summer ☐

Financial Aid Year _____

If Enrolled for Summer: _____

Total # Weeks of Enrolled _____

Start Date _____ End Date _____

Cost of Attendance

Tuition & Fees _____

Housing & Meals _____

Required Course Material & Supplies _____

Personal _____

Transportation _____

Other _____

COA Total \$0

I certify, on behalf of the Host Institution, that the information listed above is complete and accurate.

Financial Aid Office Contact's Signature _____

Contact's Title _____

Date _____

333 East Campus Mall #9701 | Madison, Wisconsin | 53715-1382

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