

# Consortium Agreement



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 \_\_\_\_\_  
\_\_\_\_\_

**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.  
\_\_\_\_\_ confirms the following,  
\_\_\_\_\_

### Enrollment Status

Number of Credits \_\_\_\_\_  
Date enrolled \_\_\_\_\_

### Enrollment Period

Fall Spring Summer  
Financial Aid Year \_\_\_\_\_  
If Enrolled for Summer: \_\_\_\_\_  
Total # of Weeks Enrolled \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Cost of Attendance

Tuition & Fees \_\_\_\_\_  
Housing & Meals \_\_\_\_\_  
Required Course Material & Supplies \_\_\_\_\_  
Personal \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other \_\_\_\_\_  
**COA Total** \_\_\_\_\_

**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