# Consortium Agreement

Name _____ , _____      UW Campus ID # _____
　　　　Last　　　　　　　　　　First

## 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 _____

_____

**\*We are unable to offer financial aid to students who attend a foreign school that is not either a Federal Title IV-eligible school or sponsored by a Title IV-eligible school.\***

### Consortium Type (Check one)

| Full Enrollment | Dual Enrollment | Study Abroad |
|---|---|---|
| (Attending Host Institution only) | (Attending 2 schools, UW-Madison and Host Institution, during the same term) | (Attending a non-U.S. school via Title IV-eligible school) |

**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.**
(Financial Aid Office Contact - initial each)

### 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 | _____ |

### 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** | _____ |

**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