

Consortium Agreement – Credit Transfer for Graduate & Professional Students



Office of Student Financial Aid
UNIVERSITY OF WISCONSIN-MADISON

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 _____

Program/Department Name _____

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.

Section 2. Completed by UW-Madison Program Department Chair/Advisor

Enrollment Status

Number of Credits _____

Enrollment Period

Fall _____ Spring _____ Summer _____

If Enrolled for Summer: _____

Total # Weeks Enrolled _____

Start Date _____ End Date _____

Course(s)

Code & Number (i.e. ENG 100)	Title	# of Credits
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I certify that I have read and understand the [Consortium Agreement Process](#) and that the courses listed above will apply to the student's UW-Madison degree program and that the credits will transfer and appear on their UW-Madison transcript.

Program Dept Chair/Advisor's Signature

Printed Name

Date