Consortium Agreement Instructions

UW-Stout financial aid recipients who are attending another institution, but are planning to receive their degree from UW-Stout, may be eligible to receive aid from UW-Stout. In these cases, UW-Stout is considered the Home Institution and the other campus is considered the Visiting Institution.

Financial Aid reserves the right to deny a consortium agreement if you have failed to complete, receive passing grades, or fail to submit official transcript of courses taken under prior consortium agreement.

Note: Processing time takes a minimum of 2 weeks to complete.

Aid consideration:
- Available for undergraduates only
- Must be enrolled in at least one course at UW-Stout
- Visiting Institution must be a Title IV school
- Course(s) must be 100 level or above
- Enrollment period at Visiting Institution must correlate with UW-Stout enrollment period
- No consortiums for WinterM period
- Must be turned into UW-Stout Financial Aid Office by the start of the 5th week of class for fall and spring semesters and by the start of summer session for summer consortiums.

Student Responsibilities:
- Complete a FAFSA
- Return the consortium form to UW-Stout Financial Aid Office (see attached) after Sections 1 and 2 are completed
- If you are receiving GI Bill tuition remission for courses at the Visiting institution, notify the UW-Stout Financial Aid Office.
- Pay the Visiting institution course fees at time specified by visiting institution. Disbursement dates of financial aid at UW-Stout may not coincide with due dates at the Visiting institution. You are responsible to make timely payment or other arrangements with the Visiting institution.
- If you change the course(s) you are enrolled in at your Visiting institution, you must complete a new Consortium Agreement.
- Submit an Official Transcript from your other school to the UW-Stout Admissions Office once your grades have been posted. Failure to do so will prohibit the disbursement of your aid in subsequent semesters.

Contact information:
Phone: 715-232-1363
Email: finaid1@uwstout.edu
University of Wisconsin – Stout
Financial Aid Office Consortium Agreement

SECTION I – To be completed by the Student and given to UW-Stout Program Director

Student Name: ____________________________ Stout ID No: ____________________________
Name of Participating School: ____________________________ SSN: ____________________________
Term and Year: ____________________________ Enrolled Credits at: UW-Stout ____________ Participating School ____________

This agreement confirms the designation of UW-Stout as the Home School. The Participating School will not provide financial aid to the student for the period of attendance reported.

- I, the student, confirm that I am a degree seeking student at UW-Stout, and I agree to send UW-Stout a copy of my transcripts from the above name Participating School.
- I understand that I will receive financial aid from UW-Stout and that it is my responsibility to make payment arrangements with the Participating School.
- I understand that I must be enrolled at UW-Stout for at least one course during the term of this agreement.

<table>
<thead>
<tr>
<th>Participating School Coursework:</th>
<th>Circle One:</th>
<th>Major</th>
<th>Minor</th>
<th>Gen Ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Course Name</td>
<td>Credits</td>
<td>UW-Stout Equivalent</td>
<td>Major/Minor</td>
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I have read and understand the consortium instructions and understand my obligations.
Student Signature: __________________________________________ Date: ____________________________

SECTION 2 – To be completed by a UW-Stout Program Director and returned to UW-Stout Financial Aid Office

I certify that these courses will apply toward the student’s UW-Stout degree requirements.

Program Director Signature __________________________________________ Print Name ____________ Date ____________________________

*Return to UW-Stout Financial Aid Office to be reviewed and forwarded to visiting institution.*

SECTION 3 – To be completed by Participating School and return to UW-Stout Financial Aid Office

Federal School Code: ____________________________ Semester: ☐ Fall ☐ Spring ☐ Summer Academic Year ______

Dates of Enrollment: ___/___/___ to ___/___/___ Total Enrolled Credits: ____________________________

Education Costs for Dates of Enrollment: Tuition and Fees ____________________________
Room & Board ____________________________
Books & Supplies ____________________________
Transportation ____________________________
Personal ____________________________

Did the student apply for WI GI Bill tuition remission at your institution? ☐ Yes ☐ No

As the Participating School, we agree not to process any application for financial aid for the student for the period covered by this agreement. Also, we agree to report any changes in enrollment from what is reported above.

Participating School Financial Aid Signature ____________________________ Print Name ____________________________ Phone No. ____________________________ Date ____________________________

SECTION 4 – To be completed by UW-Stout Financial Aid Office (Home School)

UW-Stout Financial Aid Signature ____________________________ Date ____________________________

Financial Aid Office, UW-Stout, 802 S Broadway, 210 Bowman Hall, Menomonie, WI 54751
Phone: 715.232.1363 Fax: 715.232.5246