The purpose of a Consortium Agreement is to allow the university from which a student is seeking a degree (home institution) to consider enrollment and corresponding costs to attend another university (host institution) for either some or all semester credits.

The host institution must be an approved Title IV school, meaning they have a Federal Title IV code and can process federal financial aid. We will not approve a Consortium if it is offered through a broker or agency who is not a Title IV school.

SECTION 1 – COMPLETED BY THE STUDENT

Name: _______________________________  Falcon ID: W____________________________

Name of Host Institution: ______________________________  Term and Year:____________________________

Term Begins: ____ / ____ / ____  Term Ends: ____ / ____ / ____  Enrolled Credits: UWRF ________  Host Institution ________

By signing this Consortium Agreement, I (the student) agree to:
1. Take responsibility for adhering to the tuition/fee payment deadlines at the Host Institution. Approval of this Consortium Agreement does not relieve you of the obligation to pay your tuition/fees at the Host Institution when required.
2. Notify UW-River Falls of any changes in enrollment at either institution. In the event of withdrawal from any or all of your classes, you may be responsible for repayment of aid received according to a Federal Return of Funds calculation.
3. Have all of my financial aid processed only at UW-River Falls.

STUDENT SIGNATURE: __________________________________________________________  DATE: ______________________________

This agreement confirms UW-River Falls as the Home School. The Host School will not provide financial aid to the student for the period of attendance reported.

SECTION 2 – COMPLETED BY THE HOST INSTITUTION FINANCIAL AID OFFICE

Study Abroad Program: Yes __________  No __________  Semester: Fall ________  Spring ________  Summer ________

Dates of Enrollment: From ____ / ____ / ____ To ____ / ____ / ____  Credits: ________

Educational Costs for Dates of Enrollment: Host Institution Information:

Tuition and Fees: ____________________________  Host Institution: ____________________________

Room and Board: ____________________________  Title IV School Code: ____________________________

Books and Supplies: ____________________________  Address: ____________________________

Transportation: ____________________________

Personal: ____________________________  Phone: ____________________________

**As the Host Institution, 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.

________________________________________  ______________________________
Host Institution Financial Aid Representative Signature and Date  Print Name and Title

UWRF Financial Aid Office | 133 Rodli Hall, 410 S Third St, River Falls, WI 54022 | P: 715.425.3141  F: 715.425.0708 | finaid@uwrf.edu