

## CONSORTIUM AGREEMENT BETWEEN

Concordia University Wisconsin (Home School)	and	 (Host School)
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The Home School and the Host School listed above are hereby entering into a consortium agreement.

Section I – To be completed by the student	
Name:	Social Security Number :
Telephone Number:	E-mail Address:
Current Permanent Address:	Address While Studying Away:
Consortium Period:    Aid year _____    ___ Fall    ___ Spring    ___ Summer	
<b>Under this consortium agreement, the student will:</b> <ol style="list-style-type: none"> <li>1. Be enrolled in a degree, certificate, or other recognized credential program at the Home School.</li> <li>2. Maintain satisfactory academic progress.</li> <li>3. Take courses at the Host School which are transferable to his or her Home School degree, certificate, or recognized credential as certified by his or her Home School academic advisor.</li> <li>4. Notify the Home School financial aid office if he or she does not begin attendance in the courses listed and approved in this consortium agreement.</li> <li>5. Immediately inform the Home and Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.</li> <li>6. Ensure that the Host School provides the Home School with a Host School academic transcript upon completion of the consortium period.</li> <li>7. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.</li> <li>8. Pay tuition, fees, and other expenses as charged by the Home and/or Host School.</li> </ol>	
Student's Signature:	Date:
E-mail Address:	Telephone:

Comments:

Section II – To be completed by the student’s CUW academic advisor

Number of credit hours the student is taking at the Host School:

Student’s enrollment status while at the Host School:     Full time     Three-quarter time     Half time     Less than half time

List the course(s) that the student is taking at the Host School which are applicable to his or her academic program at the Home School:

_____	_____
_____	_____
_____	_____

**Under this consortium agreement, Concordia University Wisconsin:**

1. Certifies that the student is enrolled in a degree, certificate, or recognized credential at the Home School.
2. Agrees to accept the course work listed above toward the completion of the student’s degree, certificate, or other recognized credential requirements.

Academic Advisor’s Signature:	Printed Name:
Academic Department:	Date:
E-mail Address:	Telephone:

Section III – To be completed by the Home School financial aid officer

**Under this consortium agreement, Concordia University Wisconsin:**

1. Agrees to process the student’s Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Certifies that the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the Home School.
4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Will calculate returns of Title IV funds, when appropriate.
6. Will maintain Title IV recordkeeping and reporting requirements.

Concordia University Wisconsin Financial Aid Officer’s Signature:	
Printed Name:	Date:
E-mail Address:	Telephone:

Comments:
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**Section IV – To be completed by the Host School financial aid officer**

Will the student receive financial aid at your institution?  Yes  No

Type & amount of funding from Host School: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Enrollment period dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Tuition & fees:	\$ _____	Room & board:	\$ _____
Books & supplies:	\$ _____	Transportation:	\$ _____
Misc. personal expenses:	\$ _____	Other (specify):	\$ _____

Name, address, telephone number, and e-mail address of person at Host School to whom check(s) for payment should be sent:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Under this consortium agreement, the Host School:**

1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.
2. Will make available applicable student consumer information required under Title IV.
3. Will provide the Home School with documentation of the student's enrollment at the Host School.
4. Agrees to notify the Home School if the student fails to enroll in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).
5. Will provide the Home School with a Host School academic transcript upon completion of the consortium period.

Host School Financial Aid Officer's Signature:

Printed Name:	Title:
Academic Department:	Date:
E-mail Address:	Telephone:

Please return this form to: The Office Of Financial Aid  
 Concordia University Wisconsin  
 12800 N. Lake Shore Dr.  
 Mequon, WI 53097  
 FAX: 262-243-2636