

## Consortium Agreement Between

Winona State University (Home School) and \_\_\_\_\_ (Visiting School)

### To Be Completed By The Student:

Name: \_\_\_\_\_ WSU ID #: \_\_\_\_\_ Visiting ID #: \_\_\_\_\_

Consortium Period:    Fall    Spring    Summer    Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
 (consortium agreement is good for only one semester at a time)

I am requesting a consortium agreement between the Financial Aid Offices of my Home School and my Visiting School for the purpose of promoting an exchange of information and clarification of financial aid funding. I request that information regarding my enrollment and costs of education be sent to the Financial Aid Office at Winona State University. I understand that my credits at the Visiting School must be transferable to Winona State University and plan to transfer them at the end of the period of attendance. I authorize the Visiting School to provide the results of my enrollment to the Winona State University Financial Aid Office.

Students who are participating in study abroad programs from which they do not receive a transcript from a US accredited institution will not qualify for Federal or State financial aid. One consortium agreement must be filled out for each semester.

Courses you are requesting to be covered by consortium agreement. Courses must count towards your degree at WSU.  
 (Subject to approval)

Course Name	Course Number	Number of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed by student: \_\_\_\_\_ Date: \_\_\_\_\_

Complete student section and send consortium agreement to the visiting school's Financial Aid Office.

### To Be Completed By The Visiting School Financial Aid Office:

This is to certify that the student named above as of this date has enrolled for \_\_\_\_\_ credits for the session indicated above as a visiting student. The student's costs for this session are calculated as follows:

Tuition and Fees \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Room and Board \$ \_\_\_\_\_

Personal \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_

Other (please list) \_\_\_\_\_ \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Please list any private funds this student is receiving from your institution. \_\_\_\_\_

This agreement confirms the designations in the title (above) of which campus is to be considered "Home" (where the student intends to graduate) and which is to be considered "Visiting" (where the student intends to enroll for the period listed above). The Financial Aid Officer at the Visiting School agrees to furnish the information requested above to the Financial Aid Officer at the Home School after actual registration has occurred. The Visiting School agrees not to aid the student for the duration of this agreement and to inform the Home School of a change in enrollment. The Visiting School will notify WSU immediately if a student drops credits prior to the end of drop/add period or withdraws entirely. Such notice will include the last date of attendance. Following completion of the enrollment period the Visiting School agrees to provide the Home School with the result of the enrollment.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### To Be Completed By The Home School Financial Aid Office:

The Home School agrees to aid the student utilizing the costs of the Visiting School to determine program eligibility.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Winona State University, Financial Aid Office, PO Box 5838, Winona, MN 55987  
 Fax: (507) 457-5628