

## WCTC Consortium Agreement

### What is a Consortium Agreement?

A Consortium Agreement is an agreement between two institutions' financial aid offices which enables you to receive financial aid from your home school (school that you expect to graduate from) while temporarily attending a visiting school.

By using this consortium agreement, you may be eligible for funding through Waukesha County Technical College (the home school) to take a course at another institution (the visiting school) while you are enrolled at Waukesha County Technical College. Your financial aid at Waukesha County Technical College will be disbursed to your student account and cannot be sent to your visiting school. You will need to make payment arrangements with your visiting school independently.

We encourage students to complete the consortium agreement prior to WCTC's financial aid census date to ensure maximum offer eligibility.

### Who is eligible to complete a Consortium Agreement?

1. Must be receiving financial aid at Waukesha County Technical College (WCTC).
2. Be admitted to a financial aid eligible Associate Degree or Technical Diploma at WCTC.
3. Courses must apply to graduation at Waukesha County Technical College. This can be confirmed by emailing your WCTC Advisor or Associate Dean.

### How does the visiting school receive their money?

Waukesha County Technical College will disburse aid according to the WCTC disbursement schedule. If tuition and fees are due at the visiting school prior to the disbursement schedule at WCTC, you will need to make arrangements with the visiting school to pay by that deadline.

### Student Checklist:

- ☐ Read the Consortium Agreement Form and determine eligibility.
- ☐ Complete the student section of Consortium Agreement Form, Step 1.
- ☐ Contact the visiting school Financial Aid Office to complete Step 2.
- ☐ Have WCTC Advisor or Associate Dean complete certification statement, Step 3.
- ☐ Return the completed forms to the WCTC Financial Aid Office.
- ☐ Once you have completed the consortium semester, provide an official transcript from your visiting school to the Admissions Office at WCTC. If you drop the course(s), withdraw, stop attending, or change enrollment at any time during the consortium semester, you must notify the WCTC Financial Aid Office.



## WCTC Consortium Agreement

**Financial Aid Department**

800 Main Street, Room C-019

Pewaukee, WI 53072

262.691.5578 (Phone); 262.691.5123 (Fax)

money@wctc.edu

Between  
Waukesha County Technical College (home) AND \_\_\_\_\_  
(Visiting School)

### Step 1 – To be completed by the WCTC student:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Consortium Period: ☐ Summer 2025 ☐ Fall 2025 ☐ Spring 2026

Student Signature: \_\_\_\_\_

### Step 2 – To be completed by the Visiting School Financial Aid Office:

Please list below all courses the student is enrolled in for at the visiting school:

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

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Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Tuition Fees: \_\_\_\_\_

The visiting school agrees to:

- Provide no aid to the student for the period of this agreement.
- Notify WCTC of any course changes or withdrawals.
- Provide a copy of the student's registration showing course numbers.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Office phone \_\_\_\_\_

Email address \_\_\_\_\_

Office fax \_\_\_\_\_

Please return completed form to:

WCTC Financial Aid Department  
Enrollment Center, Room C-019  
800 Main Street, Pewaukee, WI 53072  
262.691.5123 (Fax), money@wctc.edu

Questions? Call 262-691-5578 or email money@wctc.edu



**WAUKESHA**  
COUNTY TECHNICAL  
**COLLEGE**

# WCTC Consortium Agreement Certification Statement

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## Step 3 – To be completed by WCTC Advisor or Associate Dean:

To approve combined credits for enrollment, confirm if the courses listed above may be used to meet a graduation requirement for this student's program.

Course: \_\_\_\_\_ Meets WCTC requirements: \_\_\_\_\_ WCTC Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Meets WCTC requirements: \_\_\_\_\_ WCTC Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Meets WCTC requirements: \_\_\_\_\_ WCTC Credits: \_\_\_\_\_

### Signature of Advisor or Associate Dean:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to:

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