

2018-2019 Consortium Agreement

BETWEEN

Waukesha County Technical College

and

[Empty box for visiting school name]

(home school)

(visiting school)

The Home School and the Visiting School listed above are hereby entering into a consortium agreement.

Section I – To be completed by the WCTC student:

Name _____ Social security number _____

Address _____

City, State, Zip _____

Email address _____ WCTC program _____

Consortium Period Fall 2018 Spring 2019 Summer 2019

Under this Consortium Agreement, the student will:

- 1. Be enrolled in a degree/diploma program at the home school.
2. Complete a financial aid application at the home school.
3. Complete Section II of the attached Consortium Agreement and take it to the visiting school for completion.
4. Have your home school program advisor or associate dean complete the attached "Course Certification for Consortium Agreement" indicating the course(s) you will be taking at the visiting school are transferable to your WCTC program.
5. Pay tuition, fees and other expenses as charged by WCTC and/or visiting school.

Satisfactory Academic Progress

- Maintain satisfactory academic progress.
• It is the student's responsibility to provide the WCTC Financial Aid Department with a copy of your grades from the visiting school.
• Failure to provide a copy of your grades may delay disbursement, or make you ineligible for future financial aid.

Disbursement of Aid

- Before your aid can be disbursed, ALL forms must be completed and returned to the WCTC Financial Aid Department.
• We need to document your enrollment level at the visiting school. Only the credits, which have been approved by your program advisor/associate dean, will be counted.
• Notify WCTC's Financial Aid Department if you will not begin attendance in the courses listed and approved on your consortium agreement.

Enrollment Status

- Audit credits DO NOT count toward financial aid.
• Correspondence course credits DO NOT apply toward financial aid.

Student's signature _____ Date _____



WCTC Student Request for Transfer of Information

Financial Aid Department
800 Main Street, room C-019
Pewaukee, WI 53072
262.691.5436 (Phone); 262.691.5123 (Fax)
money@wctc.edu

Section II – To be completed by WCTC student:

I hereby request that information regarding my enrollment and costs of education for the:

- Fall 2018 semester Spring 2019 semester Summer 2019 semester

be sent to the Financial Aid Department at WCTC, which is my home school.

Printed name of student _____ Student ID number _____

Student signature _____ Date _____

Section III – To be completed by the visiting school financial aid officer:

ENROLLMENT STATUS:

Course Name	Course Number	Number of Credits
1.		
2.		
3.		

Enrollment Period (Check One):

- Fall 2018 semester Spring 2019 semester Summer 2019 semester

COST OF ATTENDANCE:

Tuition and fees \$ _____

Books and supplies \$ _____

Other \$ _____ Which includes _____

TOTAL _____

To be signed by the financial aid officer at visiting school:

Signature _____ Date _____

Print name and title _____

Please return this form to the address, fax number, or email listed at the top of this page.



Course Certification for Consortium Agreement, WCTC Program Counselors, Advisors or Associate Deans

Financial Aid Department
800 Main Street, room C-019
Pewaukee, WI 53072
262.691.5436 (Phone); 262.691.5123 (Fax)
money@wctc.edu

This memo is to certify that **student**, _____, with **ID#** _____ will be completing the coursework indicated below at _____ (visiting school).
These credits will be unconditionally accepted by WCTC and can be earned towards the student's current program.

Course Name	Course Number	Number of Credits
1.		
2.		
3.		
4.		
5.		

Signature of counselor, advisor or associate dean _____ Date _____

Printed name of counselor, advisor or associate dean _____

