

2014-2015

Consortium Agreement

Student Financial Services – RM E118 1825 N Bluemound Dr. / PO BOX 2277 Appleton WI 54912 Ph: (920) 735-5650 * Fax (920) 735-5763

Email: financialaid@fvtc.edu

TO BE COMPLETED BY STUDENT:

I hereby request information regarding my enrollment and cost of education to be sent to the Financial Aid Office at my home campus, Fox Valley Technical College for the school term:

Circle Proper Term Fall	2014 <u>Winter/Spring 2015</u>	<u>Summer 2015</u>
I have been admitted to th	ne	program at FVTC.
My visiting campus is:		My visiting campus ID#:
My FVTC Academic Couns	elor has approved these courses:	YESNO
 I understand that deposited to my will be sent via re I understand that I understand that I understand that 	student account. Any tuition or fed fund check to my mailing address this agreement does not pay my to an official transcript must be sen these credits can affect my finance	by Fox Valley Technical College. All funds will be e charges will be deducted and any remaining funds on file at FVTC. uition or books at the visiting campus.
	DATE _	
(Print Student Name)		
	FVT	CID#
TO BE COMPLETED BY VIS	ITING CAMPUS:	
identified above will provi The visiting camp 1. Provi whic 2. Provi 3. Provi	de no aid to the student for the pe us agrees to: de FVTC with the number of course th begin and end within the dates of de cost of tuition and fees: de a copy of student's registration	e credits (List only credits for courses of enrollment and qualify for financial aid)
Official Signature		Date
Printed Name	College Name _	
Phone Number	E-Mail Address	
Please fax this form <u>includ</u> Student Financial Services	ing the information requested to F Office (920) 735-5763.	ox Valley Technical College,
Offi	ce use only: Date received	Staff Initials