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

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	Winter/Spring 2015	<u>Summer 2015</u>	
I have been admitted	to the		program at FVTC.	
My visiting campus is	:		My visiting campus ID#:	
My FVTC Academic Co	ounselor has a	pproved these courses:	YESNO	

- I understand that these courses **must be required** for my degree.
- I understand that my financial aid will be processed by Fox Valley Technical College. All funds will be deposited to my student account. Any tuition or fee charges will be deducted and any remaining funds will be sent via refund check to my mailing address on file at FVTC.
- I understand that this agreement **does not** pay my tuition or books at the visiting campus.
- I understand that an official transcript must be sent to FVTC at the end of the term.
- I understand that these credits can affect my financial aid satisfactory progress at FVTC.
- Any changes to credit load will require that a new consortium is filled out to ensure a correct award.

	DATE	
(Print Student Name)		
	FVTC ID #	
Student Signature		

TO BE COMPLETED BY VISITING CAMPUS:

Under this agreement, Fox Valley Technical College (home) will award financial aid to the student. The visiting campus identified above will provide no aid to the student for the period noted above.

The visiting campus agrees to:

- 1. <u>Provide</u> FVTC with the number of course credits _____ (List only credits for courses which begin and end within the dates of enrollment and qualify for financial aid)
- 2. <u>Provide</u> cost of tuition and fees: _____
- 3. Provide a copy of student's registration showing course numbers
- 4. Notify Fox Valley Technical College of any course credit changes or withdrawals.

Official Signature	Date	
Printed Name	College Name	
Phone Number	E-Mail Address	
Please fax this form including	<u>g the information requested</u> to Fox Valley Technical Co	ollege,

Student Financial Services Office (920) 735-5763.

Office use only: Date received______ Staff Initials_____