



INSTRUCTIONS FOR CONSORTIUM AGREEMENTS

UW Oshkosh financial aid recipients who are attending another institution, but are planning to receive their degree from UW Oshkosh, may be eligible to receive aid from UW Oshkosh. In these cases UW Oshkosh is considered the Home Institution and the other campus is considered the Visiting Institution.

WHAT YOU NEED TO DO:

*Complete a financial aid application (FAFSA) www.fafsa.ed.gov

*Be enrolled for at least 3 credits at UW Oshkosh. This does not apply if you are in a study abroad program. ***If a student is enrolled in less than 3 credits per semester at UW Oshkosh an Academic Advisor must be informed and their approval is needed. It is the student's responsibility to inform their Academic Advisor.***

*Have the Financial Aid Office at the "Visiting Institution" complete and return a consortium agreement and class schedule to the UW Oshkosh Financial Aid Office.

DISBURSEMENT OF AID

Before aid can be disbursed:

- All forms must be completed and returned to the Financial Aid Office, with necessary signatures.
- You are obligated to inform the Financial Aid Office of any changes in your enrollment at the Visiting Institution.
- At the time the Home Institution disburses aid you will pay the "Visiting Institution" in the amount billed. It is your responsibility to make sure your fees are paid by the Visiting Institutions due date.
- It is illegal to receive aid from more than one institution for the same period of attendance.

SATISFACTORY ACADEMIC PROGRESS

- All financial aid recipients must meet the Satisfactory Academic Progress Standards as set by the Department of Financial Aid.

QUESTIONS

For additional information regarding Consortium Agreements, please contact the Financial Aid Office at 1-920-424-3377.

CONSORTIUM AGREEMENT
Between
University of Wisconsin Oshkosh (home)
and

_____ (visiting)

For purposes of promoting an exchange of information and clarification of financial aid funding for:

Name of Student

Social Security

Period of Attendance

My signature below gives permission to UW Oshkosh and the visiting school noted above, to share information about my financial aid award at UW Oshkosh. Furthermore, I confirm I am seeking a degree from UW Oshkosh and will be enrolled in 3 credits at UW Oshkosh.

Student Signature (required)

Date (required)

This agreement confirms the designation of UW Oshkosh as the Home campus. The other campus listed (visiting) will not provide financial aid to the student for the period of attendance listed.

The Visiting campus will furnish information about enrollment credits, and cost of tuition and fees. They will also notify UW Oshkosh of any course, credit changes or withdrawals.

Name of Visiting Campus _____

Address _____

City, State, and Zip _____

Telephone Number _____

Number of Credits _____ Start date _____ End date _____

Total Tuition and Fees \$ _____

Signature of Financial Aid Officer _____

Title _____

Date _____

Return completed form and attach a copy of the student's schedule to:

UW Oshkosh
Financial Aid Office
800 Algoma Blvd
Oshkosh WI 54901
(920)424-3377 Fax: (920) 424-0284