



Student Financial Services

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469
Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finances@uwm.edu

Instructions for Consortium Agreement

UWM financial aid recipients, who are taking coursework at another institution and are planning to receive their degree from UWM, may be eligible to receive aid through UWM. In these cases, UWM is considered to be the "home institution" and the other campus is considered the "visiting institution."

In order to be considered for aid from UWM, you must complete a FAFSA and have the results sent to UWM (school code 003896), in addition to the following checklist items relative to the enrollment status.

ENROLLED STUDENTS EXCLUDING STUDY ABROAD PARTICIPANTS

- Enroll for minimum of 9 UG or more credits at UWM (6 UG credit minimum summer)
***If not enrolled in the minimum required, please contact our office to inquire about a possible one-time exception to this rule
- Submit completed Consortium Agreement form signed by the Financial Aid Department at your visiting institution.
- Submit Consortium Approval Form signed by your UWM Academic Advisor

STUDY ABROAD PARTICIPANT

For UWM Sponsored Programs:

- Enroll in at least 6 UG credits through the Center for International Education located in Garland Hall Room 138. There is no need to submit any other paperwork to the Student Financial Service Center.

For Non-UWM Sponsored Programs:

- Complete a Consortium Agreement form and have the Sponsoring University or Agency complete the bottom portion. There is no need to submit a Consortium Approval Form.

ENROLLMENT STATUS:

- Audited credits DO NOT count toward financial aid
- You are obligated to inform our office of any changes in your enrollment at the visiting institution.

SATISFACTORY ACADEMIC PROGRESS:

- All financial aid recipients must be meeting Satisfactory Academic Progress (SAP)

DISBURSEMENT OF AID:

- Only credits that are approved by your academic advisor will be counted for disbursement
- Your financial aid budget will be adjusted to reflect the tuition costs between the two institutions
- All completed documents must be returned to the Student Financial Service Center, Mellencamp Hall 162
NO LATER THAN THE 10th DAY OF CLASSES to be considered
- If completed documents are received prior to initial disbursement for a given term, your aid WILL disburse on time, please do not update enrollment for the purpose of faster disbursal
- **Student is responsible for paying visiting institutional tuition and fees directly, by due date established by that institution**



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CONSORTIUM AGREEMENT

Between

University of Wisconsin-Milwaukee

And

Name of Visiting Institution

Last Name

First Name

UWM Campus ID #

****To be completed by a Financial Aid Officer at the Visiting Institution****

- ❖ Under this agreement, the University of Wisconsin-Milwaukee, as the **Home Institution**, will award financial aid to the student. The other institution identified above will be considered the **Visiting Institution** and will not provide any financial aid to the student for the period of attendance noted below.
- ❖ The visiting institution agrees to provide UW-Milwaukee with information about changes to enrollment within 30 days of the change, including course/credit changes, refunds, or withdrawals.

Name of Visiting Institution: _____

****Visiting Institution MUST participate in Title IV programs, meaning they award federal financial aid. If not, credits taken there will NOT qualify for a consortium agreement at UWM under federal regulation****

Address: _____ Phone: _____

Course #: _____ #Credits: _____

Tuition/Fees: \$ _____

Dates of Attendance: _____

*The number of credits listed should NOT include audited courses

Financial Aid Officer's Name: _____ Title: _____
Please Print

Signature: _____ Date: _____

The Financial Aid Officer should return this completed form to:

University of Wisconsin – Milwaukee
 Student Financial Services
 PO Box 469
 Milwaukee WI 53201
 FAX: 414-229-5699
 EMAIL: finances@uwm.edu



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Consortium Approval Form

University of Wisconsin-Milwaukee

To be completed by the student & UWM academic advisor

To be completed by the student:

Name: _____

Last Name
First Name
UWM Campus ID#

Name of Visiting Institution: _____
 Visiting Institution MUST participate in Title IV programs, meaning they award federal financial aid. If not, credits taken there will NOT qualify for a consortium agreement at UWM under federal regulation

Term Requesting Consortium Agreement: _____
 Note: A consortium agreement is only valid for one semester at a time. Do not list audited courses on the form. You cannot receive financial aid from more than one institution for the same enrollment period.

I agree to inform the UWM Student Financial Service Center of any changes in my credits or enrollment at the visiting institution.

Student Signature: _____ Date: _____

To be completed by UWM academic advisor:

The course(s) listed below cannot be audited courses. Please indicate what course(s) the student is taking at the visiting institution and which course it corresponds to as an equivalent course at UWM required for their degree.

| Course Number(s) and Title(s) | # of Credits | Equivalent UWM Course | Available at UWM this Term? | |
|-------------------------------|--------------|-----------------------|-----------------------------|----|
| _____ | _____ | _____ | YES | NO |
| _____ | _____ | _____ | YES | NO |

****If YES,** a student should enroll in the available course at UWM **OR** is REQUIRED to contact financial aid directly at finances@uwm.edu to discuss an exception

Credits currently confirmed enrolled at UWM (check one): 9 10 11 Other: _____
 ***If below 9 credits, this also **REQUIRES** an approved exception (see above)

*****A consortium request does not apply to already full-time students (12 or more credits)**

I am approving the course(s) listed above. These course(s) will transfer to UWM and are required for the student's degree.

Name: _____ Department: _____
 Signature: _____ Date: _____ Phone: _____

Please return this form to the Student Financial Service Center via email finances@uwm.edu, to Mellencamp Hall Room 162 or fax to (414) 229-5699 **no later than the 10th day of classes for the term requested.**