



**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](mailto:finances@uwm.edu)

## Non-UWM Study Abroad 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 enrollment changes as soon as possible, including course/credit changes, refunds, or withdrawals.

Name of Visiting Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#Credits: \_\_\_\_\_

\*The number of credits listed **should not** include audited courses or correspondence courses.

Tuition/Fees: \$\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Financial Aid Officer's Name: \_\_\_\_\_  
Please Print

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Financial Aid Officer should return completed form to:

**ATTN: Michael Madouse**  
 Office of Financial Aid Administration  
 University of Wisconsin-Milwaukee  
 PO Box 469  
 Milwaukee, WI 53201  
 Fax: 414.229.5699  
 Email: [finaid-sa@uwm.edu](mailto:finaid-sa@uwm.edu)