

Mellencamp Hall, Room 162
P.O. Box 469
Milwaukee, WI
53201-0469
414 229-4541 phone
414 229-5699 fax
www4.uwm.edu/financialaid
finaid@uwm.edu

Instruction for Consortium Agreement

UWM financial aid recipients who are taking coursework at another institution & 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.

TRADITIONALLY ENROLLED STUDENT

- Enroll for minimum of 9 or more credits at UWM (6 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

COLLEGE CONNECTION PARTICIPANT

- Enroll for at least 3 credits at UWM but at least 6 credits total as an UG student
- Complete student section of Consortium Agreement form and submit it to your College Connection Advisor, who will submit completed form to our office.
- Submit Consortium Approval Form signed by the UWM Academic Advisor

STUDY ABROAD PARTICIPANT:

For UWM Sponsored Programs:

- Enroll in at least 6 credits through the Office of Overseas Programs and Partnerships located in Pearce Hall Room 166. There is no need to submit any other paperwork to the Department of Financial Aid.

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 Financial Aid Office, 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**



CONSORTIUM AGREEMENT
Between
University of Wisconsin-Milwaukee
And

(Name of visiting institution)

Last Name First Name Student 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, including course/credit changes, refunds, or withdrawals.

Is this a 2-year UW institution participating in the College Connection Program?
YES NO

Name of Visiting Institution:

**Courses taken through UW Extension (ie. Independent Learning) do NOT qualify for a consortium agreement under federal regulation

Address: Phone:

Course#: # Credits: Tuition/Fees: \$

Dates of Attendance

*The number of credits listed should not include audit credits

Financial Aid Officer's Name: Title

Please Print

Signature: Date:

The Financial Aid Officer should return this completed form to:

University of Wisconsin-Milwaukee
Department of Financial Aid and Student Employment Services
PO Box 469
Milwaukee, WI 53201
FAX: (414) 229-5699
EMAIL: finaid@uwm.edu



Consortium Approval Form

University of Wisconsin-Milwaukee

To be completed by the student & UWM academic advisor

To be completed by the student:

Name: _____ Student ID# _____
Last Name First Name

Name of visiting institution _____
**Courses taken through UW Extension (ie. Independent Learning) do NOT qualify for a consortium agreement under federal regulation

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

I agree to inform the UWM Department of Financial Aid 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 audit 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

***For non-College Connection students, if the course(s) ARE available at UWM this term, the student must contact Jamie Kovtun directly at jkovtun@uwm.edu to discuss a possible exception request, otherwise they should enroll in the available course at UWM.

Credits currently confirmed enrolled at UWM (check one) 9 10 11

OR College Connection Program credits at UWM: _____

***A consortium request does not apply to already full time (12 or more) students; If enrolled under the 9 credit minimum for NON college connection participants, the student must contact Jamie Kovtun directly at jkovtun@uwm.edu to discuss a possible exception request

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 _____
Please print

Signature _____ Date _____ Phone _____

Please return this form to the Financial Aid Office in Mellencamp Hall Room 162 or fax to (414)229-5699 **no later than the 10th day of classes. For the term requested**