INSTRUCTIONS FOR CONSORTIUM AGREEMENTS

UW Oshkosh financial aid recipients, who are attending another institution while planning to receive their degree from UW Oshkosh, may be eligible to receive financial aid from UW Oshkosh. In these cases, UW Oshkosh is considered the Home Institution and the other campus is considered the Host Institution. To receive aid for credits taken at the Host Institution, the institution must be an eligible Title IV institution. UW-Extension classes cannot be considered.

WHAT YOU NEED TO DO:

1) Complete a financial aid application (FAFSA) www.fafsa.gov
   ❖ For summer, you will also need to complete a Summer 2019 financial aid application on the UWO Financial Aid Office website at Forms and Applications
2) Be enrolled in at least 6 credits at UW Oshkosh (6 credits for summer).
   ❖ This does not apply to students in a study abroad program or in certain collaborative degree programs. Please contact the financial aid office if you have questions or if other exceptions may exist.
3) Complete the student portion of the attached form, then submit form to the Financial Aid Office at the Host Institution for completion.
4) The Host Institution will return completed consortium agreement and proof of enrollment, such as a course schedule, to the UW Oshkosh Financial Aid Office.
5) IMPORTANT: It is recommended that all students sign up for Direct Deposit via the link in their Titan Web account for faster processing of financial aid refunds. For instructions to enroll in Direct Deposit, please go to Direct Deposit Instructions

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 Host Institution.
• It is your responsibility to make sure your fees are paid by the Host Institution’s billing due date. This may mean paying the Host Institution up front and using the UWO financial aid refund to reimburse yourself.
• 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 determined by the Financial Aid Office.

QUESTIONS

For additional information regarding Consortium Agreements, please contact the Financial Aid Office at (920) 424-3377.
CONSORTIUM AGREEMENT
Between
University of Wisconsin Oshkosh (Home institution) and
___________________________________________ (Host institution)

To be completed by the student:

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

Name of Student ____________________________ Social Security Number ________ UWO Student ID ________

Term (choose one): ☐ Summer 2019  ☐ Fall 2019  ☐ Spring 2020

Note: A separate agreement is required for each term in which a student wishes to receive aid for credits at another institution.

My signature below gives permission to UW Oshkosh and the Host 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 meet the minimum UW Oshkosh enrollment requirements for completing a consortium agreement.

It is your responsibility to pay your tuition at the Host Institution by their due date.

Student Signature (required) ____________________________ Date (required) ____________________________

☐ Please check here if this agreement includes any courses you have previously completed and are repeating

To be completed by the Host institution:

This agreement confirms the designation of UW Oshkosh as the Home campus. The Host campus will NOT provide financial aid to the student for the period of attendance listed.

The Host campus will furnish information about enrollment credits, and cost of tuition and fees. The Host campus also agrees to notify UW Oshkosh of any course or credit changes, withdrawals, and final grades earned.

Name of Host Campus ____________________________
Address ____________________________
City, State, and Zip ____________________________
Telephone Number ____________________________

Number of Credits ________ Start date ________ End date ________

Total Tuition and Fees $__________ Federal School Code __________________
Signature of Financial Aid Officer ____________________________
Title ____________________________
Date ____________________________

Host Campus: Please return completed form and attach a copy of the student’s schedule to:

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