



Consortium Agreement Instructions

Information:

UW-Superior financial aid recipients who are attending another institution but are planning to earn their degree from UW-Superior, may be eligible to receive financial aid from UW-Superior through a consortium agreement. For consortium agreements, UW-Superior is the “Home” institution and the campus other credits are earned from is the “Visiting” institution.

UW-Superior’s Financial Aid Office may deny a consortium agreement for failure to complete (“I” grades), earn passing grades (“F” grades), or submit official transcripts from a previous visiting institution where courses were taken through a consortium agreement.

Note: Processing time takes a minimum of two weeks to complete

Financial Aid Requirements:

- Visiting institution must be a Title IV school
- Enrollment period term dates at Visiting institution must correlate with UW-Superior enrollment term
- Consortium agreements cannot be used to fund the last 12 credits remaining of degree requirements, unless approved by the University Credits Committee.

Student Responsibilities:

- Complete a FAFSA.
- Return the consortium form to UW-Superior Registrar’s Office after Section 1 is completed.
- Pay the Visiting institution course fees at time specified by Visiting institution. Disbursement dates of financial aid at UW-Superior may not coincide with due dates at the Visiting institution. Students are responsible to make timely payment or arrangements with the Visiting institution.
- Notify UW-Superior’s Financial Aid Office if Wisconsin State Veterans education benefits are being received (GI Bill, Tuition Assistance, Supplemental Payments, etc.).
- Complete and submit a new consortium agreement if there is a change in the course(s) enrolled at the Visiting institution.
- Notify UW-Superior’s Financial Aid Office if any approved credits are dropped. Dropped credits may result in a change to Financial Aid award, including repayment of already disbursed funds.
- Ensure an official transcript is sent to UW-Superior Admissions Office at the end of the term. Failure to do so within four weeks of completing the course will result in a hold being placed on the student’s record preventing the disbursement of future financial aid and further course registration.



University of Wisconsin-Superior
Consortium Agreement

Section 1 – To be completed by the student and submitted to UW-Superior Registrar’s Office (Old Main 139)

Student Name: _____ UW-Superior SID: _____

Name of Visiting Institution: _____ SSN: _____

Term and Year: _____ Enrolled Credits at: UW-Superior: _____ Visiting Institution: _____

Reasoning for Consortium Agreement Request:

- ___ 1) I am required to take classes to satisfy my UW-Superior degree requirements and UW-Superior does not offer these classes.
- ___ 2) UW-Superior does not offer the class(es) in the sequence needed to complete degree requirements in a timely manner (i.e. course is offered every other year).
- ___ 3) Enrolling in a Study Abroad Program through another institution.

This agreement confirms the designation of UW-Superior as the Home Institution. I will not receive financial aid for the term indicated above from the Visiting Institution.

- I confirm that I am a degree-seeking student at UW-Superior, and I agree to send UW-Superior official transcripts from the above Visiting Institution at the end of the term.
- I understand that I will receive financial aid from UW-Superior and that it is my responsibility to make payment arrangement to the Visiting Institution.

Visiting Institution Coursework:					UW-Superior Equivalent:			
Subject	Course #	Course Title	Credits	Gen Ed	Subject	Course #	Course Title	Credits

I have read and understand the consortium agreement instructions and understand my obligations.

Student Signature: _____ *Date:* _____

Section 2 – To be completed by the UW-Registrar’s Office and Submitted to UW-Superior Financial Aid Office

I certify that these courses will apply toward the student’s UW-Superior degree requirements.

Registrar’s Office Signature: _____ *Date:* _____

Approve: _____ *Deny:* _____ *Reasoning:* _____



University of Wisconsin-Superior
Consortium Agreement (Cont'd)

**Section 3 – To be completed by the Visiting Institution and returned to UW-Superior Financial Aid Office.
Please do not complete if Section 2 is blank.**

Federal School Code: _____ Semester: Fall Spring Summer Year: _____
Dates of Enrollment: ___/___/___ to ___/___/___ Total Enrolled Credits: _____

As the Visiting Institution, we agree not to process any application for financial aid for the student for the period covered by this agreement. We also agree to report any changes in enrollment from what is reported above (drop/withdrawal).

Visiting School Financial Aid Office Signature: _____

Print Name: _____ Phone Number: _____ Date: _____

Section 4 – To be completed by the UW-Superior Financial Aid Office (Home School)

UW-Superior Financial Aid Signature: _____ Date: _____

UW-Superior Financial Aid Office, Old Main 110, PO Box 2000, Superior, WI 54880-4500
Phone: 715-394-8200 Fax: 715-394-8027 Email: finaid@uwsuper.edu