

Financial Aid, Student Employment

& Military Education Benefits

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finaid@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					
\square 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					
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STUDY ABROAD PARTICIPANT For UWM Sponsored Programs:					
For UWM Sponsored Programs: □ Enroll in at least 6 UG credits through the Center for International Education located in Garland Hall					
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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



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CONSORTIUM AGREEMENT

Between

University of Wisconsin-Milwaukee And Name of Visiting Institution First Name Student ID # Last Name **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. Name of Visiting Institution:_ **Courses taken through UW Extension (ie Independent Learning) do NOT qualify for a consortium agreement under federal regulations.** Address:______ Phone:_____

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

The Financial Aid Officer should return this completed form to:

*The number of credits listed should not include audited courses

Please Print

Signature:

University of Wisconsin – Milwaukee Department of Financial Aid PO Box 469 Milwaukee WI 53201

Financial Aid Officer's Name:____

FAX: 414-229-5699 EMAIL: finaid@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:		Student ID#					
Last Name	Firs	t Name					
Name of Visiting Institution: **Courses taken through UW Extension (i.e. agreement under federal regulations.**	Independent Le	earning) do	NOT quali	fy for a cons	ortium		
Term Requesting Consortium Agreement: Note: A consortium agreement is only valid f form. You cannot receive financial aid from n							
I agree to inform the UWM Department of enrollment at the visiting institution.	of Financial Ai	d of any ch	anges in	my credits	or		
Student Signature:	Date:						
To be completed by UWM academic advis The course(s) listed below cannot be audited the visiting institution and which course it cor degree. Course Number(s) and Title(s) # of Credits	courses. Pleas responds to as Equivalent	an equivale	nt course se Ava	at UWM requ	uired for their M this Term?		
				YES _	NO		
**For non-College Connection students, student must contact Jamie Kovtun direct request, otherwise they should enroll in the Credits currently confirmed enrolled at UWM (tly at <u>ikovtun</u> the available	<u>@uwm.edu</u> course at l	to discu		-		
OR College Connection Program credits at UV ***A consortium request does not apply under the 9 credit minimum for NON coll Jamie Kovtun directly at ikovtun@uwm.c	to already fu ege connection	n participa	ints, the	student mu			
I am approving the course(s) listed above. T student's degree.	hese course(s)	will transfer	to UWM a	and are requ	ired for the		
Name:	Dep	Department:					
Cignatura	Dat	0.1	Dho	201			

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.