



Western Dakota Tech

800 Mickelson Dr.
Rapid City, SD 57703-4018
605-394-4034 or 800-544-8765
FAX: 605-394-2204
www.wdt.edu

Consortium Agreement Request

YOU MUST HAVE ACCESS TO A PRINTER IN ORDER
TO PRINT AND SUBMIT THIS FORM

THIS DOCUMENT IS A FORM - PLEASE TYPE YOUR INFORMATION IN THE GRAY AREAS PROVIDED. USE THE "TAB" KEY ON YOUR KEYBOARD TO MOVE TO THE SPACES PROVIDED - DO NOT USE THE "ENTER" KEY.

Under a consortium agreement, students may take courses at another institution and have those courses count toward their program requirements at WDT. Students can receive federal financial aid ONLY for courses that are applicable to their program at WDT. A separate Consortium Agreement Request must be submitted for EACH semester. Please submit all Consortium Agreement Requests at least 4 weeks prior to the WDT term for which this Agreement covers in order to delay processing your financial aid.

Semester for which this Consortium Agreement is requested: [] Fall 20 [] Spring 20 [] Summer 20

STUDENT INFORMATION:

Today's Date : _____

Name: _____ Soc. Sec. No.: _____
Address: _____ City, ST, Zip: _____
Phone: _____ e-mail address: _____
Program: _____

FINANCIAL AID OFFICE INFORMATION FOR THE INSTITUTION THE COURSE(S) WILL BE TAKEN:

College/University: _____
Address: _____ City, ST, Zip: _____
Phone: _____ FAX Number: _____
Full Course Name: _____ # of Credits: _____
Full Course Name: _____ # of Credits: _____
Full Course Name: _____ # of Credits: _____

Please read and initial each statement. Please contact the WDT Financial Aid Office if you have questions.

- I must complete and submit this form at least 4 weeks BEFORE the WDT term begins in order to avoid any delay in my financial aid.
I must contact the WDT Registrar's Office to confirm that the above-referenced classes will be accepted toward my degree at WDT.
I may receive financial aid ONLY for the courses that the WDT Registrar's Office confirms will be accepted toward my degree at WDT.
I am a student enrolled in a program leading to a degree at WDT, and, therefore, financial aid will be disbursed by WDT.
I understand I must submit payment to the institution at which I am enrolled - WDT does not remit payment to the other institution on my behalf.
Financial aid cannot be disbursed until I begin ATTENDING classes AND reach the enrollment status for which aid has been awarded (example: a full-time student must be attending at least 12 credits BEFORE aid can be disbursed at a full-time level).
I must maintain WDT's Satisfactory Academic Progress requirements for the courses for which I am enrolled at the other institution.
If I fail to begin the course(s) at the other institution or I withdraw from the course(s) at the other institution, it is my responsibility to notify the WDT Financial Aid Office IMMEDIATELY.
Any overpayment of federal financial aid due to any changes to my enrollment at either WDT or the other institution during the term in which this Consortium Agreement is in place is my sole responsibility.
I understand that I MUST attach a copy of my course registration from the Institution listed above to this Consortium Agreement Request in order for the WDT Financial Aid Office to process and execute a Consortium Agreement.

PLEASE PRINT, SIGN AND DATE, AND SUBMIT THIS COMPLETED FORM TO THE WDT FINANCIAL AID OFFICE.

My signature certifies the information I am submitting is correct, and I am requesting that WDT initiate a Consortium Agreement with the institution outlined above. Further, I understand my responsibilities as outlined above.

Student Signature

Date

FOR OFFICE USE ONLY: WDT Registrar

Form with fields for Registrar's Signature, Date, and course/credit information.