

# 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 COURS(ES) 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 cours(es) at the other institution or I withdraw from the cours(es) 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**

ALL course(s) listed and/or outlined in the attached course schedule are required for the student's program of study WDT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If no, please list which courses, if any, are required: _____		
Total number of credits WDT will accept: _____ credits	Number of credits student is enrolled at <u>WDT</u> during the term listed above: _____ credits	
Registrar's Signature: _____	Date: _____	
<b>Please return to the Manager of Financial Aid</b>	Reg Conf Rec'd _____	Total Credits _____
	Agmt Initiated _____	AL Updated _____