**Consortium Agreement**

[ ]  **Medical Technology** [ ]  **ReNew Nursing Students**

**(If yes, check box) (If yes, check box)**

|  |  |  |
| --- | --- | --- |
| Name (Last, First, Middle)      | Date of Birth      | W Number      |

**Parties to the Agreement**

|  |  |
| --- | --- |
| Home Institution**UNIVERSITY OF WYOMING** | **Host Institution** |

**Enrollment Periods covered by this Agreement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Enrollment Period at**University of Wyoming** | Beginning (mm-dd-yy) | Ending (mm-dd-yy) | Enrollment Period at**Host Institution** | Beginning (mm-dd-yy) | Ending (mm-dd-yy) |

**Course work to be completed this term**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Course Dept. Name,Number & Section | Course Title  | SemesterCr. Hrs. | QuarterCr. Hrs. | UW | Host School |
| **1** |  |  |  |  | [ ]  | [ ]  |
| **2** |  |  |  |  | [ ]  | [ ]  |
| **3** |  |  |  |  | [ ]  | [ ]  |
| **4** |  |  |  |  | [ ]  | [ ]  |
| **5** |  |  |  |  | [ ]  | [ ]  |
| **6** |  |  |  |  | [ ]  | [ ]  |
| **7** |  |  |  |  | [ ]  | [ ]  |
| **8** |  |  |  |  | [ ]  | [ ]  |

**Terms & Conditions Covered by this Consortium Agreement**

1. The University of Wyoming requires the student to enroll in ***six or more*** credits at UW for the semester this **agreement** covers. An **agreement** must be completed every semester for which the student wishes to take courses at a Host Institution and have those credits count toward financial aid eligibility. Exception: Summer term. The student’s **cost of attendance** will reflect UW’s budget combined with actual tuition and fees for the Host Institution.
2. The student seeking a degree from the University of Wyoming (UW) but wishing to enroll for credit at a Host Institution will receive **federal financial aid from UW**, based in part on enrollment information provided by the Host Institution. Students must complete this **consortium agreement** at least **30 days** prior to the Home Institutions *first day* of classes to allow adequate processing time or their financial aid may be delayed.
3. Payment of institutional charges by financial aid will be done according to UW’s disbursement procedures. Any excess funds will be disbursed to the student. The **student will be** **responsible for making tuition payments to the Host Institution** according to the schedule required by that institution. No special time schedule will be set for students who owe tuition charges at the Host Institution.
4. To ensure transferability of coursework from the Host Institution to UW, the student’s **advisor and UW’s registrar must approve the student’s proposed schedule** for courses at the Host Institution as listed on this form. Courses not shown on the approved schedule will not be eligible to be counted toward enrollment for purposes of financial aid. ***Any 900 level courses cannot be transferred to UW and will not be counted for financial aid hours.***

**Terms & Conditions Covered by this Consortium Agreement continued**

1. As a condition of this **agreement**, the student authorizes both UW and the Host Institutions to **share all relevant information** relating to the student’s application for and receipt of financial aid, if that information is needed by the other institution. The student’s signature on this form also indicates that he/she is aware that the proceeds of all financial aid received for the applicable term must be used only **for educational expenses** incurred at UW and the Host Institutions.
2. Student should check with the Scholarships & Financial Aid office about the use of Scholarships for a consortium. For Example, classes taken at a non-Wyoming Host Institution would not count toward meeting enrollment requirements for the Hathaway Scholarship.
3. It is the student’s responsibility to ensure that an **academic transcript** from the Host Institution representing work attempted under this **agreement** arrives at UW at the end of each term once grades are posted. Students will have a hold placed on their financial aid until UW receives their transcripts from the Host School.

**Student’s signature indicating acceptance of all terms of this agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature      | Date | Student’s Telephone Number()  -  | Student’s e-mail address |

**University of Wyoming signatures signifying transferability of proposed course work**

|  |  |  |  |
| --- | --- | --- | --- |
| UW Academic Adviser’s Signature      | Date      | Adviser’s Telephone Number()  -  | Adviser’s e-mail address      |
| UW Registration Official’s Signature      | Date      | Admission Telephone Number**(307) 766-5272** | Admission e-mail address**registrar@uwyo.edu** |

**Host Institution’s Responsibilities**

* The Host Institution agrees to notify UW, in a timely manner, of any non-federal aid awarded to this student during the period covered by this Agreement.
* The Host Institution will inform UW of the student’s **dropped/withdrawal coursework throughout the specified term.** UW will be responsible for any refund attribution to its own financial aid accounts. A Return of Title IV Funds calculation will be done when a student withdraws from courses at both institutions. ***Student’s ending the term with “All F’s” may be responsible for repayment of financial aid.***
* The Host Institution will document both the **last date of attendance** in all its classes and attendance in at least one class period, if requested by UW. Contact finaid@uwyo.edu
* Neither institution waives its **governmental immunity** by entering into this agreement. Both institutions fully retain all immunities and defenses provided by law. This **agreement may be canceled** by either institution upon written notification and will automatically terminate at the conclusion of the period identified in the “Enrollment Periods.”

**Host Institution signature indicating acceptance of all terms of this agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| Host Institution Financial Aid Official’s Signature      | Date      | Financial Aid Telephone Number()  -  | Financial Aid e-mail address      |
| Printed Name       |  | Host School Tuition and Fees | $      |
| Total Combined Tuition and Fees      | $      | UW Tuition $ Fees | $      |