

174 Knight Hall Dept. 3335

1000 E. University Ave Laramie, WY 82071 Phone: (307) 766-2116 Fax: (307) 766-3800 TTY: (307) 766-3635 www.uwyo.edu/sfa finaid@uwyo.edu

## **Consortium Agreement**

<b>☐</b> Medical Technology						∐ Re	eNew Nu	rsing St	udents	
(If y	es, check box)						(I	If yes, che	eck box)	
Name (Last, First, Middle)					Date of Birth	WN	Number			
 Par	ties to the Agre	eement				I				
Home Institution UNIVERSITY OF WYOMING					Host Institution					
	rollment Period									
Enrollment Period at University of Wyoming		Beginning (mm-dd-yy)		Ending (mm-dd-yy)	Enrollment Period at  Host Institution	Beginning	Beginning (mm-dd-yy)		Ending (mm-dd-yy)	
Coı	ırse work to be	compl	leted this tern	n						
	Course Dept. Name, Number & Section	•	Course Title			Semester Cr. Hrs.	Quarter Cr. 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 <u>six or more</u> 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 <u>student will be responsible for making tuition payments to the Host Institution</u> 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. <u>Any 900 level</u> courses cannot be transferred to UW and will not be counted for financial aid hours.



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

- 5. 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.
- 6. 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.
- 7. 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	Admission e-mail address							
		(307) 766-5272	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. <u>Student's ending the term with "All F's" may be responsible for repayment of financial aid.</u>
- 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 <a href="mailto:finaid@uwyo.edu">finaid@uwyo.edu</a>
- 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	\$