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FA97-23/24 (04/23)-FCSORT

**Consortium Agreement Between UW-La Crosse and**

(Visiting Institution)

***To be completed by the student:***

Name of Student (Print):

Social Security Number

Period of Consortium Agreement:

* Summer Session
* Fall Semester
* Winter Intersession
* Spring Semester

of the - Academic Year

I am enrolled in total credits, of which credits will be taken at UW-La Crosse and credits at the Visiting Institution listed above.

I am requesting a consortium agreement between the Financial Aid Office at UW-La Crosse and the Visiting Institution for the purpose of promoting an exchange of information and clarification of financial aid funding. The Visiting Institution agrees to furnish UW-La Crosse with the total number of credits for which I have or will be enrolled for the period of consortium agreement and the costs of tuition, fees, and books. I understand that the credits at the Visiting Institution must be transferable to UW-La Crosse, and I am responsible for requesting a final and official transcript from the Visiting Institution be sent to UW-La Crosse at the end of the enrollment period.

Signature of Student Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To be completed by the student’s UWL Academic Advisor or Dean’s Office** | | | | | | |
| List the course(s) that the student is taking at the visiting institution and the UWL equivalent which must be ***required*** for graduation at UW-La Crosse.  **Visiting Institution Coursework UWL Equivalent**  Course Name Course # Credits Course Name Course # Credits | | | | | | |
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|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| I certify that the course(s) listed will transfer back to UW-La Crosse and will apply toward the student’s UW-La Crosse degree or certificate. | | | | | | |
| Academic Advisor/Dean Signature: | | | | UWL College: | | |
| Print Name: | | | | Date: | | |

**To Be Completed By The Visiting Institution:**

This is to certify that the student named has enrolled for credits for the consortium agreement period indicated. The student’s costs for this enrollment are as follows:

Tuition and Fees $ Regular Transportation $

Books $ Other $

Room and Board $ Explain:

Personal $

Total: $

**Please Provide Federal School Code:**

Signature of Official Date

Name of Official Phone

Title E-mail

Signature of Official Date

Name of Official Phone

Title E-mail

**UW-La Crosse** *(Home Institution):* **Visiting Institution:**

**For Office Use Only**

* **R2S**