



**Financial Aid Office**

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FA97-25/26 (02/26)-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 of the \_\_\_\_ - \_\_\_\_ Academic Year
- Fall Semester
- Winter Intersession
- Spring Semester

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

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<b>To be completed by the student's UWL Academic Advisor or Dean's Office</b>					
List the course(s) that the student is taking at the visiting institution and the UWL equivalent which must be <b>required</b> for graduation at UW-La Crosse.					
<b>Visiting Institution Coursework</b>			<b>UWL Equivalent</b>		
Course Name	Course #	Credits	Course Name	Course #	Credits
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:** \_\_\_\_\_

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

**Visiting Institution:**

_____	_____	_____	_____
Signature of Official	Date	Signature of Official	Date
_____	_____	_____	_____
Name of Official	Phone	Name of Official	Phone
_____	_____	_____	_____
Title	E-mail	Title	E-mail

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