

Financial Aid | finaid@nwtc.edu 2740 W Mason Street Green Bay WI 54307-9042 Phone: 920-498-5444 First Name

Last Name

Student ID:\_\_\_\_\_

## **Consortium Agreement**

## 

□ Spring

I hereby request information regarding my enrollment for the **D** Summer semester to be sent to the Financial Aid Office/Student Records Department at my home campus, **Northeast Wisconsin Technical College**.

I am enrolled in the \_\_\_\_\_\_program at NWTC and am also taking courses at \_\_\_\_\_\_. The courses I am taking at this school are required for my program and will be transferred to NWTC. My Academic Advisor at NWTC has approved these courses. Student must be enrolled in at least 1 credit at NWTC (exception: student enrolled in Viticulture program).

\_\_\_\_\_I agree that I will provide NWTC with a copy of my registration that includes the names of the courses I am registered for and the number of credits.

\_\_\_\_\_I understand that my financial aid will be processed and disbursed by Northeast Wisconsin Technical College. All the funds will be deposited to my student account. Any amount due to NWTC will be deducted and any balance due to the student will be refunded to the student. It is my responsibility to pay the tuition at the visiting college.

\_\_\_\_\_I agree that I will provide a unofficial or official transcript for all courses taken at the Visiting College listed above. This must be done prior to receiving any future financial aid at NWTC.

Student's Signature	Date	XXX-XX- Last four of SS#	
TO BE COMPLETED BY VISITING CAMPUS:			
This is to certify that as of today's date,the	e student listed above has en	rolled forcredits for the	
semester, which commences on	and ends on	, as a visiting student.	
Tuition and Fees \$			
Date Registered for Classes			
Signed by the Financial Aid Official at Visiting Campus:	Please at	Please attach the required class schedule and	
Signature:	е	email to Financial Aid Advisor Cassandra.Johnson@nwtc.edu	
Printed Name:	Ca		
Email:			
Phone #:			