Consortium Agreement

UNIVERSITY OF NORTHWESTERN ST. PAUL

FINANCIAL AID OFFICE | 3003 Snelling Avenue North | St. Paul, MN 55113-1598 | 866-853-2455 | 651-631-5212 | financialaid@unwsp.edu | unwsp.edu/finaid

TO HOST INSTITUTION

Office: _____

Institution Name: _____

Address: _____

_____

FROM HOME INSTITUTION

Office of Financial Aid
University of Northwestern – St. Paul
3003 Snelling Avenue North
St. Paul, MN 55113-1598

STUDENT SECTION (To be completed by the student)

_____ XXX-XX-_____
First Name Middle Name Last Name Last 4 Digits of Social Security Number

_____ (_____) _____
E-mail Student ID Number Phone Number Term

_____
Program at UNW (courses at host institution must apply to this major)

1. Send this form to the host institution. The completed form must be returned to home institution **before** the end of the drop/add period for the term. Your aid will be based on your combined credits at both institutions.
2. When you receive your financial aid from University of Northwestern, you must pay your charges at the host institution.
3. At end of term, you must provide University of Northwestern with an official grade transcript from the host institution.

HOST INSTITUTION SECTION (To be completed by the off-campus study program)

This student is seeking a degree, diploma, or certificate from University of Northwestern – St. Paul (UNW) and plans to enroll at your institution. This Consortium Agreement will allow UNW to disburse financial aid based on the student's combined enrollment at both institutions.

- UNW is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements.
- After all UNW charges are paid, any excess aid is disbursed to the student.
- The **student is responsible for paying the charges at the host institution**.
- The **host institution agrees to** complete this form, confirm enrollment, inform UNW if the student withdraws from these courses, and NOT give the student any Title IV aid during this enrollment period.

FICE code: _____ Host institution aid for term: $ _____ Tuition & Fees: $ _____

Enrollment period: From _____ to _____ Last day to drop these courses: _____
(MM/DD/YY) (MM/DD/YY)

COURSE #	NAME OF COURSE (OR ATTACH CLASS SCHEDULE)	CREDITS

HOST INSTITUTION

Printed Name: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Authorized Signature: _____

Date: _____

UNIVERSITY OF NORTHWESTERN – ST. PAUL

Emily Johnson
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