CONSORTIUM AGREEMENT

A consortium agreement is a binding agreement between eligible Title IV institutions which enables students to receive various types of aid from Western Connecticut State University (WCSU) while being enrolled as a visiting student at another institution. WCSU is considered the home institution and the visiting institution as the host institution.

The host institution verification must be completed in full before the agreement can be processed. Eligibility during the consortium term is determined by your total enrollment (credit hours) at both WCSU and the host institution. If a student is enrolled full-time at WCSU, no additional aid would be offered for courses taken at another institution.

Student Checklist / Statement of Understanding:

☐ Students must have a valid FAFSA on file with WCSU.

☐ Be enrolled at WCSU as a degree-seeking student during the consortium term; course enrollment at host institution must be transferrable to student curriculum/degree requirements at WCSU.

☐ Host verification must be completed by the host institution and returned to the Office of Financial Aid & Student Employment at WCSU.

☐ Students are responsible for paying the host institution at the time of registration.

☐ Initiate attendance and immediately notify the Office of Financial Aid & Student Employment of any change in enrollment status at the host institution, including withdrawal or never/stopped attending.

☐ Request a transcript be sent by host institution to the WCSU Registrar at the end of the term.

☐ WCSU cannot be held responsible for the deadlines or regulations that the host institution may impose.

☐ Understand that funds cannot be released until the first day of the term or enrollment verification is completed, whichever date is later.

☐ Understand that all procedures are in accordance with the Title IV Federal Financial Aid regulations.

☐ Understand that if Title IV aid is rejected, the student is liable for all educational costs.

SUBMISSION DEADLINE: Consortium Agreement and confirmation of enrollment at host institution are due by the university census date of each term. The census date is the first day of the third week of a term; June 1 for summer. Please see wcsu.edu/finaid/disbursements-refunds for specific dates.

By signing below, I authorize the host institution to release information pertaining to this consortium agreement to WCSU.

___________________________________  ____________  __________
Student Signature                  Student ID                 Date
CONSORTIUM AGREEMENT

HOST INSTITUTION VERIFICATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID</th>
<th>☐ Undergraduate ☐ Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – City, State, Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Name of Host Institution | Host Student ID

Consortium Term

☐ Fall ☐ Spring ☐ Summer

Academic Year: __________________

Dates of Attendance

| Start Date: ____/____/____ | End Date: ____/____/____ |

Number of Registered Credits

Cost of Attendance at host institution:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUITION:</td>
<td>$ _______</td>
</tr>
<tr>
<td>FEES:</td>
<td>$ _______</td>
</tr>
<tr>
<td>ROOM &amp; BOARD:</td>
<td>$ _______</td>
</tr>
<tr>
<td>TRAVEL:</td>
<td>$ _______</td>
</tr>
<tr>
<td>MISCELLANEOUS:</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

TOTAL: $ __________________

This student is degree-seeking at Western Connecticut State University and has requested financial aid through the Office of Financial Aid & Student Employment. WCSU will consider the student to be enrolled in an eligible program of study, determine eligibility for aid, and be responsible for compliance with established Title IV Regulations resulting from the student’s withdrawal from classes.

As a representative of the **host institution**, you agree to establish the cost of attendance, verify student enrollment, and inform WCSU of any changes in enrollment status, including withdrawal and never/stopped attending.

The contents of this agreement are in effect for the term specified above and are set forth to comply with the federal regulations concerning Consortium Agreements and with the Federal Student Aid Handbook.

Financial Aid administrators who are authorized to administer financial aid programs, must sign below.

**Western Connecticut State University**

Melissa Stephens, Director
Financial Aid & Student Employment
Tel: 203-837-8580
Fax: 203-837-8528
Email: wcsufinancialaid@wcsu.edu

Host Institution: __________________________

[Signature]

[Print Name & Title]
Tel: __________________ Fax: _______________

Email: ____________________________

Authorized Signature

Authorized Signature