



## 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](http://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.

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**Student Signature**

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**Student ID**

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**Date**



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## HOST INSTITUTION VERIFICATION

Student Name		Student ID		<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
Address – City, State, Zip					
Phone			Email		
Name of Host Institution				Host Student ID	
Consortium Term					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer      Academic Year: _____					
Dates of Attendance				Number of Registered Credits	
Start Date: ____/____/____      End Date: ____/____/____					

**Cost of Attendance at host institution:**

TUITION: \$ \_\_\_\_\_  
 FEES: \$ \_\_\_\_\_  
 ROOM & BOARD: \$ \_\_\_\_\_  
 TRAVEL: \$ \_\_\_\_\_  
 MISCELLANEOUS: \$ \_\_\_\_\_  
 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**

**Host Institution:** \_\_\_\_\_

*Melissa M. Stephens*

Authorized Signature

Authorized Signature

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

Print Name & Title

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_