

Student Services Center 235 North National Avenue PO Box 1940 Fond du Lac, WI 54936-1940 920-924-3207 1-800-472-4554 financialaid@morainepark.edu Fax (920) 924-3421

Consortium Agreement

What is a Consortium Agreement?

A Consortium Agreement is an agreement between two institutions financial aid offices which enable you to receive financial aid from your home school (school that you expect to graduate from) while temporarily attending a visiting school.

By using this consortium agreement, you may be eligible for funding through Moraine Park Technical College (the home school) to take a course at another institution (the visiting school) while you are enrolled at Moraine Park Technical College. Your financial aid at Moraine Park Technical College will be disbursed to your student account and cannot be sent to your visiting school. You will need to make payment arrangements with your visiting school independently.

Who is eligible to complete a Consortium Agreement?

- 1. Must be receiving financial aid at Moraine Park Technical College.
- 2. Be admitted to an Associate Degree or Technical Diploma at Moraine Park Technical College.
- 3. Courses must apply to graduation at Moraine Park Technical College.

How does the visiting school receive their money?

Moraine Park Technical College will disburse aid according to the Moraine Park disbursement schedule. If tuition and fees are due at the visiting school prior to the disbursement schedule at Moraine Park, you will need to make arrangements to pay by that deadline.

Student Checklist:

| Ш | Read the Consortium Agreement Form and determine eligibility. |
|---|--|
| | Complete Student Section of Consortium Agreement Form Section 1. |
| | Contact visiting school Financial Aid Office to complete Section 2. |
| | Have Moraine Park Registrar or Dean complete certification statement Section 3. |
| | Return the completed form to the Moraine Park Technical College Financial Aid Office. |
| | Once you have completed the consortium term, provide an official transcript from your visiting school to the Office of the Registrar at Moraine Park Technical College. If you drop the course(s), withdraw, stop attending, or change enrollment at any time during the consortium term, you must notify the Moraine Park Technical College Financial Aid Office. |

Consortium Agreement

Between

| Moraine Park Technical College (hor | me) AND | (Visiting School) | | | | |
|--|---|-------------------|----------|--|--|--|
| Section 1: To be completed by the | e student. | | | | | |
| Name: | | Student ID#: | | | | |
| Address: | | Phone: | | | | |
| City: | State | Zip Code: | | | | |
| | | | | | | |
| Section 2: To be completed by the | Visiting School's Financia | l Aid Office. | | | | |
| Please list below all courses the stud | dent is enrolled in for at the v | siting school: | | | | |
| Course Title: | Course | Number: | Credits: | | | |
| Course Title: | Course | Number: | Credits: | | | |
| Course Title: | Course | Number: | Credits: | | | |
| Tuition Fees: | | _ | | | | |
| The visiting school agrees to: Provide no aid to the student for the period of this agreement. Notify Moraine Park Technical College of any course changes or withdrawals. Provide a copy of student's registration showing course numbers. | | | | | | |
| Signature | | Date | | | | |
| Printed Name | | Office phone | | | | |
| Email address | | Office fax | | | | |
| Please return completed form to: Questions? Call 920-924-3209 | Moraine Park Technical Colleg Financial Aid 235 N National Ave PO Box 1940 Fond du Lac, WI 54936-1940 | e | | | | |

| Section 3: To be completed by Moraine Park Technical College Representative authorized to approve transfer credit. | | | | | | | |
|--|--|--|--|--|--|--|--|
| To approve combined credits for enro requirement for this student's progran | | above may be used to meet a graduation | | | | | |
| Course: | Meets MPTC requirements: | MPTC Credits: | | | | | |
| Course: | Meets MPTC requirements: | MPTC Credits: | | | | | |
| Course: | Meets MPTC requirements: | MPTC Credits: | | | | | |
| Signature of Registrar or Dean: | | | | | | | |
| Signature | | Date | | | | | |
| Please return completed form to: | Moraine Park Technical College Financial Aid 235 N National Ave PO Box 1940 Fond du Lac, WI 54936-1940 | | | | | | |