

Application for Consortium Agreement

A consortium agreement enables you, the student, to receive financial aid while concurrently enrolled at Western (Home Institution) and another institution (Host Institution). You must be degree seeking at Western. This agreement will allow your financial aid eligibility to be based on the total credits being attempted at all institutions of enrollment for the semester.

Consortium Steps:

1. **Student** complete and sign the Student Information below. This form must be submitted as soon as possible.
2. **Student** list the courses being taken at the HOST Institution (top of Page 2)
3. **Student** email your completed form to your Western Academic Advisor for review and their Signature which states your transfer credit hours will count toward your degree at Western. (Page 2, top section)
4. **Advisor**, send the form back to the student after your review and signature
5. **Student** send or take this form to the Financial Aid Office at the **HOST Institution** for completion and signature
6. **Student** have the **HOST Institution** complete and return this form to the Western Financial Aid Office

To Be Completed by the Student

Please type or print legibly

Student Name		Western Student ID#	
Student Address		City	State
			Zip
Student Telephone Number		Student Email Address	
Name of HOME Institution (Degree Granting) University of Montana Western		Home: Date Semester Begins	Home: Date Semester Ends
Student's Major/Program			
<p>Student Certification – I acknowledge that:</p> <ol style="list-style-type: none"> 1. Either the Host Institution or Home Institution (Western) may decline to participate in this Consortium Agreement 2. I MUST be enrolled in a degree or certificate program at Western, and all courses I am taking at the Host Institution MUST be transferable and apply toward my degree at Western 3. I have attached proof of my registration from the HOST Institution 4. Aid will be disbursed according to the Home (Western) institutional policies and only after I have received an official award notification. 5. I will notify the Financial Aid Office at Western within 10 days of any changes in my enrollment status at either institution 6. I may be responsible for repayment of financial aid, including loans, received based on this Consortium Agreement if I: <ol style="list-style-type: none"> a. Drop a course during the refund period b. Withdraw-officially or unofficially c. Fail to begin attendance at the Host Institution or d. The Host Institution credits are NOT transferred to Western <p>I understand if any of the above occur, I will not be eligible to receive financial aid for future periods of enrollment at Western until repayment has been made.</p> 7. All credits from the Host Institution will be used in determining my Satisfactory Academic Progress (SAP). 8. Financial aid for future semesters will be on HOLD and not released until an Official Transcript has been received and reviewed by the Registrar's Office at Western. Transcript is required whether I passed or failed the course(s) 9. It is my responsibility to arrange payment at the Host Institution <p>By my signature, I authorize the Host Institution listed to release enrollment, financial and academic information to the Home Institution (Western) Financial Aid Office. I certify that I have read and agree to comply with all terms and conditions stated and that the information provided is true and complete to the best of my knowledge.</p>			
Student Signature _____		Date _____	

