



Financial Aid Office

215 Graff Main Hall
1725 State Street
La Crosse, WI 54601
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FA97-24/25 (11/24)-FCSORT

Consortium Agreement Between UW-La Crosse and _____
(Visiting Institution)

To be completed by the student:

Name of Student (Print): _____ Social Security Number _____

Period of Consortium Agreement:

- Summer Session of the _____ - _____ Academic Year
- Fall Semester
- Winter Intersession
- Spring Semester

I am enrolled in _____ total credits, of which _____ credits will be taken at UW-La Crosse and _____ credits at the Visiting Institution listed above.

I am requesting a consortium agreement between the Financial Aid Office at UW-La Crosse and the Visiting Institution for the purpose of promoting an exchange of information and clarification of financial aid funding. The Visiting Institution agrees to furnish UW-La Crosse with the total number of credits for which I have or will be enrolled for the period of consortium agreement and the costs of tuition, fees, and books. I understand that the credits at the Visiting Institution must be transferable to UW-La Crosse, and I am responsible for requesting a final and official transcript from the Visiting Institution be sent to UW-La Crosse at the end of the enrollment period.

Signature of Student

Date

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To be completed by the student's UWL Academic Advisor or Dean's Office					
List the course(s) that the student is taking at the visiting institution and the UWL equivalent which must be required for graduation at UW-La Crosse.					
Visiting Institution Coursework			UWL Equivalent		
Course Name	Course #	Credits	Course Name	Course #	Credits
I certify that the course(s) listed will transfer back to UW-La Crosse and will apply toward the student's UW-La Crosse degree or certificate.					
Academic Advisor/Dean Signature:			UWL College:		
Print Name:			Date:		

To Be Completed By The Visiting Institution:

This is to certify that the student named has enrolled for _____ credits for the consortium agreement period indicated. The student's costs for this enrollment are as follows:

Tuition and Fees	\$ _____	Regular Transportation	\$ _____
Books	\$ _____	Other	\$ _____
Room and Board	\$ _____	Explain: _____	
Personal	\$ _____	_____	
		Total: \$ _____	

Please Provide Federal School Code: _____

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UW-La Crosse (*Home Institution*):

Visiting Institution:

_____ Signature of Official	_____ Date	_____ Signature of Official	_____ Date
_____ Name of Official	_____ Phone	_____ Name of Official	_____ Phone
_____ Title	_____ E-mail	_____ Title	_____ E-mail

For Office Use Only <input type="checkbox"/> R2S
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