



CONSORTIUM AGREEMENT BETWEEN:

**OFFICE OF FINANCIAL AID, NICOLET AREA TECHNICAL COLLEGE
PO BOX 518, RHINELANDER, WI 54501
HOME CAMPUS**

AND

**OFFICE OF FINANCIAL AID _____
VISTING CAMPUS**

For the purpose of promoting an exchange of information and clarification of financial aid funding for:

Name of Student	STUDENT SOC. SEC	Period of Attendance

Session, which commences on ___/___/2010, and ends on ___/___/2010, this agreement, confirms the designation in the title (above) of which campus is to be considered "home" (where student intends to graduate) and which shall be considered "visiting".

The home campus agrees to aid the student utilizing the costs of visiting campus to determine program eligibility.

The student is responsible to pay fees at the visiting campus. Nicolet College will not forward checks to the visiting campus.

SIGNED BY FINANCIAL AID DIRECTORS:

For the HOME campus:

For the VISITING campus:

Signature: _____

Signature: _____

Typed name: William E. Peshel

Typed Name: _____

Date: _____

Date: _____

TO BE COMPLETED BY VISITING CAMPUS DIRECTOR OF FINANCIAL AID

This is to certify that as of this date _____

Name of Student

has enrolled for _____ credits for the session indicated on page one (1) as a visiting student (guest matriculate). The student's cost for this session is calculated as follows:

Course # and Name	Tuition & Fees	Books
	\$	\$
	\$	\$
	\$	\$
TOTAL COST	\$	\$

SIGNED BY FINANCIAL AID DIRECTOR AT VISITING CAMPUS:

Signature: _____

Typed Name: _____

Date: _____