

**2023 – 2024 CONSORTIUM AGREEMENT
Between**

Nicolet College _____ and _____
(Home School) (Visiting School)

The Home School and the Visiting School listed above are hereby entering into a Consortium Agreement.

SECTION 1 – To be completed by student:

First Name	Last Name	Student ID #
City	Student's Nicolet College E-mail	
State	Zip Code	Phone Number

Nicolet College Program _____

My Nicolet College Academic Advisor has approved these courses YES NO

Advisor Signature _____

I understand the following:

- I must be enrolled in a degree/diploma program at the home school.
- I must be taking only courses that are required for my degree.
- I must complete a financial aid application at the home school.
- I must complete Section II of this form and take it to the Visiting School for completion.
- That my financial aid will be processed by Nicolet College. All funds will be deposited to my student account. Any tuition or fee charges at Nicolet College will be deducted and any remaining funds will be sent via refund check to my mailing address on file at Nicolet College.
- I understand that this agreement does **not** pay my tuition at the visiting school.
- I understand that these credits can affect my financial aid satisfactory progress at Nicolet College and my continued financial aid eligibility.
- I understand that I must notify Nicolet College if I do not begin attendance in the courses listed in this agreement.
- **I understand that if the visiting school is not able to provide Nicolet College with a copy of my grades at the end of the semester, I will be responsible for providing an official transcript to Nicolet College.**

STUDENT SIGNATURE _____ DATE _____

SECTION II - To be completed by Nicolet College student

I hereby request information regarding my enrollment and cost of education to be sent to the Financial Aid Office at my home school, Nicolet College, for the term:

Fall 2023

Spring 2024

Summer 2024

SECTION III – To be completed by the Visiting School Financial Aid Office

Under this agreement, Nicolet College will award financial aid to the student. It will be the student’s responsibility to pay the charges at the “Visiting School.”

The “Visiting School” agrees to:

- Not provide financial aid to the student for the period noted above.
- Provide Nicolet College with information about enrollment credits.
- Notify Nicolet College in writing of any reduction in credit hours or withdrawals. (Please indicate the student’s last date of engagement.)
- **Provide final grades at end of semester to Nicolet College’s Financial Aid Office to insure satisfactory progress requirements are met.**
 - **If the Visiting School is unable to provide grades, the student or school will inform Nicolet College and the student will be notified that they must provide an official transcript to Nicolet College.**

Course # and Name	Beginning Date	Ending Date	Tuition & Fees	Books	Credits	Other
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
Total			\$	\$		

To be signed by the Financial Aid Officer at the Visiting School:

Official Signature _____

Printed Name _____

College Name _____

Date _____

Send or fax this consortium to:

Nicolet College
 Financial Aid Office
 P.O. Box 518
 Rhinelander, WI 54501
 FAX #: (715) 365-4918