OFFICE OF FINANCIAL AID CONSORTIUM AGREEMENT

BETWEEN WESTERN CAROLINA UNIVERSITY (HOME SCHOOL) AND

NAME OF HOST SCHOOL:	ool name	ed above are herein entering into a conso	rtium agree	ment for:
Name of Student		Student Identification Number	Telep	hone No. / E-mail address
For which semester are you completing t	his form	:: Fall 2023 Spring 2024	Summer	2024
NOTE: Students must complete this for agreement.	rm each	semester for which they wish to receive	ve financial	aid under a consortium
		Section I – Student Criteria		
 Be enrolled in a degree-seeking prog Satisfactory Progress policy. Submit this completed form to the Waccount until proof of registration i Submit an official grade transcript fr soon as possible. Submit a copy of y disbursed to the student's account until NOT be receiving financial aid at th Contact lender if student has borrow at both the Host School and WCU be 	yCU Fings received from the layour transmit the transmit the transmit the transmit the transmit the Host Seed through the control of the cont	Host School to the WCU Admission's Onscript to the WCU Financial Aid Office. In the school are posted to the WCU transfer hours are posted to the WCU transchool. In the Direct Loan or FFEL Program and the lender will begin the borrower's grace student, WCU Registrar's Office, and W	orogress as rsed to the s ffice to tran Aid in a su nscript. d will be en period prio	specified by the WCU student's sfer the hours back to WCU as absequent semester will not be rolled for less than half-time r to starting loan repayment.
		(To be completed by WCU		be completed by WCU
(To be completed by student) Course/Prefix/Number/Name	Credit	Registrar's Office) WCU Equivalent Course Approved for		Program Coordinator) Equivalent Course Approved for
Course/Trenz/Ivumber/Ivame	Hours	Transfer (Liberal Studies)		er (Major/Elective Requirement)
Total Credit Hours				
	Student	Signature		Date
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Section III – To be completed by the Host School				
Will the student receive financial aid at your institution? ☐ yes ☐ no				
If "Yes" STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.				
If "No" please complete the remainder of this form:				
Dates of Enrollment of under this Agreement-	Number of Weeks of Instructional Time-			
Tuition and Fees per credit hour	\$			
Books and Supplies per credit hour	\$			
Room and Board	\$			
Transportation	\$			
Personal	\$			
Child Care	\$			
Total	\$			
Western Carolina University's Office of Student Financial Aid will be notified by the Host School if the student withdraws or is dropped or purged from any classes taken under this Agreement. Yes No Host School's Financial Aid Officer's Signature Printed Name				
dropped or purged from any classes take	en under this Agreement.	Yes No		
dropped or purged from any classes take	en under this Agreement.			
dropped or purged from any classes take Host School's Financial Aid Or	en under this Agreement. fficer's Signature	Yes No Printed Name		
dropped or purged from any classes take	en under this Agreement. fficer's Signature	Yes No		
Host School's Financial Aid Or Telephone Num Please return this form to: We Fin 10 11	en under this Agreement. fficer's Signature	Printed Name Date		
Host School's Financial Aid Or Telephone Num Please return this form to: We Fin 10 11	en under this Agreement. fficer's Signature estern Carolina University nancial Aid Office 5 Cordelia Camp University Drive	Printed Name Date		
Host School's Financial Aid Of Telephone Num Please return this form to: We Financial 10 11 Cure	en under this Agreement. fficer's Signature estern Carolina University nancial Aid Office 5 Cordelia Camp University Drive	Printed Name Date		
Host School's Financial Aid Of Telephone Num Please return this form to: We Financial 10 11 Cure	en under this Agreement. fficer's Signature estern Carolina University nancial Aid Office 5 Cordelia Camp University Drive	Printed Name Date		
Host School's Financial Aid Of Telephone Num Please return this form to: We Financial 10 110 Cu	en under this Agreement. fficer's Signature estern Carolina University nancial Aid Office 5 Cordelia Camp University Drive	Printed Name Date		
Host School's Financial Aid Of Telephone Num Please return this form to: We Financial 10 11 Cure	en under this Agreement. fficer's Signature estern Carolina University nancial Aid Office 5 Cordelia Camp University Drive	Printed Name Date		