

**CONSORTIUM AGREEMENT**

Financial aid cannot be received from two different institutions concurrently. Therefore, the student must select the one school from which aid is to be administered. This is the home institution where the student has enrolled for the majority of coursework and from which he/she expects to receive the degree.

If you are pursuing a degree at WNC and find it necessary to take courses at another college or university (host institution), you may qualify under this consortium agreement to count your enrollment at the host institution toward your financial aid enrollment level. You must be enrolled in at least six credit hours at WNC during the semester for which you are requesting funding. The courses taken at the host institution must transfer to WNC and apply towards your degree. This agreement does not include Millennium Scholarship and some WNC grants and scholarships.

**It is your responsibility to complete this form steps 1-4**, including obtaining a WNC academic advisor's signature and submitting the form to WNC Financial Assistance. Follow up with both institutions to ensure your request has been processed. You must complete a new form each semester. WNC Financial Assistance will review this agreement and, if approved, forward it to the host institution. **The completed form must be received by WNC Financial Assistance no later than the first day of classes for the semester.**

**Step 1: Student Information**

Student Name: \_\_\_\_\_ WNC ID: W \_\_\_\_\_

 Term:             Fall             Spring             Summer            Year: \_\_\_\_\_

Enrollment level at WNC: \_\_\_\_\_ Degree program at WNC: \_\_\_\_\_

**Step 2: Host Institution Information**

Host Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact information for financial aid office at host institution:

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your ID number at host institution: \_\_\_\_\_

 Courses you will be taking at the **host institution**:

Course Number	Course Title	Credit Hours	Requirement or Elective? (must be applicable to WNC degree program)

**Step 3:** Take this form to WNC Counseling Services. Forms submitted without this section completed by an academic advisor will not be processed.

I have recommended that the student take the course(s) listed above at another institution. This coursework is approved for the student's degree program at WNC for the following reason(s):

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The student chooses not to take the above course(s) at WNC and the coursework is applicable to student's degree program at WNC. The reason stated by the student for this choice:

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\_\_\_\_\_  
Academic Advisor (Printed name and signature) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Step 4: Student Agreement**

**I agree to:**

- Take a minimum of six credits at WNC.
- Provide proof of payment of fees at the host institution. I understand that any aid resulting in approval of this request will be disbursed by WNC to my WNC student account.
- Accept responsibility for any fees or expenses not covered by financial aid.
- Notify the WNC financial aid office of any change in enrollment or if I withdraw from the host institution. I understand enrollment changes may affect satisfactory academic progress and/or I may be required to return funds.
- Consent to release my financial aid and enrollment information from the host institution to WNC.
- Request a transcript be sent to WNC from the host institution at the end of the term. I understand that Admissions and Records cannot guarantee how many credits will be accepted until an evaluation has been completed.

\_\_\_\_\_  
**Student's Signature** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

Submit this form to WNC Financial Assistance, fax 775-445-3058 or mail to 2201 W. College Parkway, Carson City, NV 89703

**Step 5: WNC Financial Assistance.**

Approved:  Yes  No Date forwarded to Host School: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
WNC Financial Aid Officer (Printed name and signature) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Step 6:** The **host institution** provides the information below and returns the form to WNC Financial Assistance, 2201 West College Parkway, Carson City, Nevada 89703 (Fax 775-445-3058).

Tuition and Fees	Room and Board	Other Mandatory Costs (please specify)
\$	\$	\$

Is student receiving scholarships at host institution?  Yes  No Amount: \_\_\_\_\_

**Financial Aid Consortium Agreement**

This agreement, between the financial aid offices at the Western Nevada College (WNC) and \_\_\_\_\_(host institution), provides that students enrolled at WNC may attend classes at the host institution provided that the courses are applicable to their WNC degree program.

It is agreed that the host institution will provide educational coursework to \_\_\_\_\_(student). The budget will be based on the WNC published budget guidelines.

For federal and state financial aid purposes (excluding the Governor Guinn Millennium Scholarship and some WNC scholarships), this student will be considered enrolled at WNC during his/her period of study at the host institution.

**WNC will:**

- Receive and process Title IV applications and award state grant funding according to established criteria
- Perform required verification and record keeping
- Verify enrollment through the host institution before releasing funds to the student
- Disburse financial aid to the student's WNC account
- Monitor the student's satisfactory academic progress
- Calculate and return Title IV funds as required

**The host institution will:**

- By signing below, confirm enrollment of the student in the courses listed in step 2 above
- Not provide any form of federal, state or institutional grant assistance to the student
- Notify WNC of any scholarship assistance the student is receiving at the host institution
- Notify WNC of any changes in the student's enrollment
- Notify WNC in the event that the student received a failing grade for coursework attempted at the host institution

It is understood that any charges for tuition, fees, room and board and any other charges by the host institution will be the sole responsibility of the student.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Host Institution Financial Aid Officer (Printed name and signature) Date

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**For home institution use only**

Enrollment level matches step 1?  Yes  No Credit hours at WNC: \_\_\_\_\_

Final Approval  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total credit hours funded: \_\_\_\_\_

Cost of attendance for credit hours at WNC only:

Tuition and Fees	Room and Board	Other Mandatory Costs