



Consortium Agreement

Student's First Name		9-digit WSU Student ID #	
Student's Last Name		Phone Number	
Host School: _____			
Enrollment Dates: _____ To _____			

Section 1: To be completed by a WSU Academic Advisor or Department Official

Coursework to be taken at the Host Institution during the study abroad enrollment period, which will fulfill degree requirements:

Course #	Course Name	# of Credits	WSU Course Equivalent	Credits Apply to:	
				Major/ Minor	Gen Ed

Section 2: To be completed by the Financial Aid Official at the Host School

In reference to the above named student, Wayne State University (Home School) and the above named Host School do hereby enter into a consortium agreement for financial aid purposes as allowed by federal regulations 34 CFR 668.5.

Educational Costs for the Program:

Tuition & Fees:	_____
Room & Board:	_____
Books & Supplies:	_____
Transportation:	_____
Misc/Personal:	_____
Total Costs:	_____

Contact Person at the Host Institution:

Name: _____
 Title: _____
 School: _____
 Phone: _____
 Email: _____
 Fax: _____

Host School Agrees:

- To not to provide payment under any federal aid programs for the term specified below.
- To notify WSU in a timely manner, when the student withdraws or drops in enrollment.
- The student is responsible to use the funds to help pay for her/his program costs.

Our school is eligible and chooses to participate in Federal Student Aid programs.

YES NO

Section 3: All Required Signatures

WSU Academic Advisor Signature Access ID & Phone Number Date

Host School - Financial Aid Office Official Signature Date

Student FERPA Release: I, the undersigned, authorize the sharing of educational record information between Wayne State University and the host school. Educational record information includes information related to grades, course performance, disciplinary proceedings, tuition and fees, schedules and financial aid. I understand that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and this consent shall remain in effect until revoked by me, in writing, and delivered to Wayne State University, but that any such revocation shall not affect disclosures previously made by Wayne State University or the host school prior to the receipt of any such written revocation.

Student Signature Date

WSU Financial Aid Office Official Signature Date