



Student Information

Financial Aid | finaid@nwtc.edu
2740 W Mason Street
Green Bay WI 54307-9042
Phone: 920-498-5444 • Fax: 920-491-2619

First Name Last Name
Student ID:

Consortium Agreement

TO BE COMPLETED/INITIALED/SIGNED BY STUDENT:

I hereby request information regarding my enrollment for the semester to be sent to the Financial Aid Office/Student Records Department at my home campus, Northeast Wisconsin Technical College.

I am enrolled in the program at NWTC and am also taking courses at. The courses I am taking at this school are required for my program and will be transferred to NWTC. My Academic Advisor at NWTC has approved these courses. Beginning Fall 2021, student must be enrolled in at least 1 credit at NWTC (exception: student enrolled in Viticulture program).

I agree that I will provide NWTC with a copy of my registration that includes the names of the courses I am registered for and the number of credits.

I understand that my financial aid will be processed and disbursed by Northeast Wisconsin Technical College. All the funds will be deposited to my student account. Any amount due to NWTC will be deducted and any balance due to the student will be refunded to the student. It is my responsibility to pay the tuition at the visiting college.

I agree that I will provide a unofficial or official transcript for all courses taken at the Visiting College listed above. This must be done prior to receiving any future financial aid at NWTC.

Student's Signature Date Last four of SS#

TO BE COMPLETED BY VISITING CAMPUS:

This is to certify that as of today's date, the student listed above has enrolled for credits for the semester, which commences on and ends on, as a visiting student.

Tuition and Fees \$

Date Registered for Classes

Signed by the Financial Aid Official at Visiting Campus:

Signature:

Printed Name:

Email:

Phone #:

Please attach the required class schedule and fax/email to NWTC Financial Aid Office at 920-491-2619 OR Finaid@nwtc.edu