



Financial Aid Office
1000 W. Campus Drive,
Wausau, Wisconsin 54401
Phone: 715-675-3331
FAX: 715-803-1991

2008-2009 CONSORTIUM AGREEMENT Between

NORTHCENTRAL TECHNICAL 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:

Name _____ Social Security Number _____

Address _____ City, State, Zip _____

E-mail Address: _____ NTC Program _____

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 Northcentral Technical College. All funds will be deposited to my student account. Any tuition or fee charges will be deducted and any remaining funds will be sent via refund check to my mailing address on file at NTC.
- I understand that this agreement does not pay my tuition at the visiting campus.
- I understand that I must provide a grade report at the end of this term to NTC from the visiting campus.
- I understand that these credits can affect my financial aid satisfactory progress at NTC
- I understand that I must notify NTC if I do not begin attendance in the courses listed in this agreement.
-

(Print Student Name) Date _____

Student Signature NTC ID _____

SECTION II - To be completed by NTC student

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

Circle Proper Term

Fall 2008

Spring 2009

Summer 2009

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

Under this agreement, Northcentral Technical College will award financial aid to the student. The visiting campus identified above will provide no aid to the student for the period noted above.

Course # and Name	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 Northcentral Technical College,
1000 W. Campus Drive, Wausau, WI 54401
FAX #: 715-803-1991*

