

CONSORTIUM AGREEMENT
between
MORAINÉ PARK TECHNICAL COLLEGE (HOME CAMPUS)

and _____(VISITING CAMPUS)

the home campus, MPTC, will award financial aid funding and combine the costs and credits for:

_____, _____ for the _____ semester
Student Soc. Sec. No.

At the request of the student, the Financial Aid Administrator at the visiting campus furnishes the Financial Aid Administrator at the home campus the following:

- _____ total number of credits for which the student has enrolled
- \$_____ the costs of tuition, fees, and any special expenses
(attach copy of enrollment)
- The visiting campus agrees not to aid the student for the period noted.
- The visiting campus will notify the MPTC of any course changes or withdrawals.

SIGNED BY FINANCIAL AID ADMINISTRATORS:

For The Home Campus/MPTC:

For The Visiting Campus:

Signature: _____

Typed Name: Judith_Bourbonais

Date: _____

FAX: 920-924-6392

Return to:

FINANCIAL AID OFFICE
Moraine Park Technical College
235 North National Avenue
P.O. Box 1940
Fond du Lac, WI 54936-1940

CONSORTIUM AGREEMENT

TRANSFER CREDIT CONFIRMATION

Subject: Combined credits for:

_____, _____ for the _____ semester

Student ID. No.

_____ will be enrolling at MPTC during the same period

_____ will NOT be enrolling at MPTC during the same period

(list applicable classes below then submit for evaluation)

THIS FORM MUST BE SIGNED BY MPTC REPRESENTATIVE AUTHORIZED TO APPROVE TRANSFER CREDIT

To approve combined credits for enrollment, confirm if the courses listed below may be used to meet a graduation requirement for this student's program.

Please list **what Moraine Park Course** and the **number of credits** that you will accept for this student's program graduation upon successful completion.

Please contact the student for any additional information needed.

Course # and Title of class from visiting school	Meets requirements for MPTC class	MPTC Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Program Counselor, Registrar or Dean: _____

Date: _____

Return to the FINANCIAL AID OFFICE at the Fond du Lac campus.
Thank you for your assistance.