



Consortium Agreement
Willmar Campus

Ridgewater Financial Aid Office, 2101 15th Ave NW, Willmar, MN 56201
Telephone 320-222-7476 or 1-800-722-1151 Fax 320-222-5216

Sections A and B (including all attachments) must be completed before this consortium agreement is sent to Ridgewater. The Consortium Agreement must be received by Ridgewater within 1 week of the start of the term. Agreements received after that date may not be processed. Incomplete and/or illegible forms will be returned.

SECTION A – Student’s Section – please complete, attach required documentation, sign and date. Then give all forms to the Financial Aid Office at your HOST school (not Ridgewater) to complete Section B.

Student Name _____ Ridgewater ID _____ Host school ID _____

Address _____ City _____ State _____ Zip _____

Phone _____ Ridgewater e-mail _____

Term/Session & Year for which you are requesting funding from Ridgewater _____

Name and City of Host School _____

Note: If you are attending more than one ‘host’ school during the term listed above you must complete a separate consortium agreement for each host school.

I hereby request that for financial aid purposes, credits taken at Ridgewater and the host school listed above be used to determine my total enrollment status for the semester. **I understand that only credits applicable to my degree at Ridgewater will be approved for funding. I also understand that to receive financial aid I must:**

- Attach a copy of my course schedule from the host school
- Provide Ridgewater with grade transcripts from the host school for the above listed course(s) when they are completed
- Pay tuition and fees at the host school by their due date (Please NOTE—ONE SCHOOL DOES NOT PAY THE OTHER—YOU ARE RESPONSIBLE FOR PAYMENT)

Student’s Signature _____ Date _____

SECTION B – Host School – Financial Aid Office _____ **Term/Session & Year** _____

This student is registered for the course(s) listed above and will NOT receive financial aid at our institution.

Institution Name _____ Tuition & Fees _____

Signature _____ # of Credits _____

Position/Title _____ Date _____

SECTION C – Ridgewater Counseling Office

I have reviewed the course(s) listed above and determined that they will be accepted by Ridgewater as part of the student’s degree objective.

Counselor Signature _____ Date _____

SECTION D- Ridgewater Financial Aid Office

This agreement is _____ approved _____ not approved

Reason for not granting approval _____

Credits at Ridgewater _____ Credits at host school _____ Total credits for semester _____