



FINANCIAL AID OFFICE  
300 POMPTON ROAD  
WAYNE, NEW JERSEY 07470

## CONSORTIUM AGREEMENT

**Deadline: Form must be processed by first day of classes for each semester / before the start of each semester**

It is the student's responsibility to complete this form and have the appropriate signatures and approvals at both William Paterson University and the visiting institution. Prior to the completion of this form, please contact your major department and complete the Visiting Student Authorization Form which allows you to take credits at another university and have them transfer back to William Paterson University. Please be aware that there are specific requirements to attend another institution.

This information can be found in the university catalog or online at: <https://webapps.wpunj.edu/catalog/>

If your enrollment status changes it is the student's responsibility to notify both the Financial Aid and Registrar's Office in writing of these changes.

### STUDENT INFORMATION

Name \_\_\_\_\_ ID # 855

Permanent Address \_\_\_\_\_

Address during Visiting Semester \_\_\_\_\_

### WILLIAM PATERSON UNIVERSITY PERMISSION

The student **must obtain written permission** from their academic advisor and the Registrar's office to enroll as a transient student.

The student listed above is a degree-seeking student at William Paterson University of New Jersey.

The student will be enrolled as a Visiting student at \_\_\_\_\_

During the \_\_\_\_\_ (semester/year) of the \_\_\_\_\_ academic year.

The student named may qualify for financial aid administered by William Paterson University based on the following information.

1. The student has permission to enroll as a Visiting student? [  ] Yes [  ] No
2. Beginning and ending date of the semester/year

Academic Advisor Name \_\_\_\_\_ Registrar's Name \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Registrar's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### VISITING SCHOOL INFORMATION

3. Charges for the semester/year

- a) Tuition \_\_\_\_\_
- b) Fees \_\_\_\_\_
- c) Room \_\_\_\_\_
- d) Board \_\_\_\_\_
- e) Miscellaneous, books, supplies \_\_\_\_\_
- f) TOTAL \_\_\_\_\_

4. The student will be enrolled for how many credits during the above listed period \_\_\_\_\_

5. The institution the students will attend, \_\_\_\_\_ is approved by the U.S. Department of Education to participate in the Title IV Aid programs as defined in 34 CFR Part 600. [  ] Yes [  ] No

6. If the student withdraws during the academic period indicated, \_\_\_\_\_ agrees to inform William Paterson University of New Jersey of the date of the withdrawal and any reduction in the student's charges. [  ] Yes [  ] No

### RESPONSIBLE OFFICIAL

The officials who are responsible for the administration of the financial aid program at the schools listed above agree that all Title IV aid will be calculated and disbursed through William Paterson University of New Jersey (the degree granting institution) in accordance with Federal and institutional regulations. William Paterson University of New Jersey will also monitor satisfactory progress and other student eligibility requirements. Students in a consortium agreement are not eligible for state aid.

### VISITING INSTITUTION

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School Name & Telephone

### WILLIAM PATERSON UNIVERSITY

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature