Consortium Agreement

Student's First Name: [Blank]  9-digit WSU Student ID #: [Blank]
Student's Last Name: [Blank]  Phone Number: [Blank]
Host School: [Blank]  Enrollment Dates: [Blank]

Section 1: To be completed by a WSU Academic Advisor or Department Official
Coursework to be taken at the Host Institution during the study abroad enrollment period, which will fulfill degree requirements:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th># of Credits</th>
<th>WSU Course Equivalent</th>
<th>Credits Apply to:</th>
</tr>
</thead>
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<td>Major/Minor</td>
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<td>Gen Ed</td>
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</tbody>
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Section 2: To be completed by the Financial Aid Official at the Host School
In reference to the above named student, Wayne State University (Home School) and the above named Host School do hereby enter into a consortium agreement for financial aid purposes as allowed by federal regulations 34 CFR 668.5.

Educational Costs for the Program:  Contact Person at the Host Institution:
Tuition & Fees: [Blank]  Name: [Blank]
Room & Board: [Blank]  Title: [Blank]
Books & Supplies: [Blank]  School: [Blank]
Transportation: [Blank]  Phone: [Blank]
Misc/Personal: [Blank]  Email: [Blank]
Total Costs: [Blank]  Fax: [Blank]

Host School Agrees:
• To not to provide payment under any federal aid programs for the term specified below.
• To notify WSU in a timely manner, when the student withdraws or drops in enrollment.
• The student is responsible to use the funds to help pay for her/his program costs.

Our school is eligible and chooses to participate in Federal Student Aid programs.

YES
NO

Section 3: All Required Signatures

WSU Academic Advisor Signature: [Blank]  Access ID & Phone Number: [Blank]  Date: [Blank]

Host School - Financial Aid Office Official Signature: [Blank]  Date: [Blank]

Student FERPA Release: I, the undersigned, authorize the sharing of educational record information between Wayne State University and the host school. Educational record information includes information related to grades, course performance, disciplinary proceedings, tuition and fees, schedules and financial aid. I understand that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and this consent shall remain in effect until revoked by me, in writing, and delivered to Wayne State University, but that any such revocation shall not affect disclosures previously made by Wayne State University or the host school prior to the receipt of any such written revocation.

Student Signature: [Blank]  Date: [Blank]

WSU Financial Aid Office Official Signature: [Blank]  Date: [Blank]