



Consortium Agreement

Ridgewater Financial Aid Office, 2101 15th Ave NW, Willmar, MN 56201 (or) 2 Century Ave SE, Hutchinson, MN 55350
Phone 320-222-7488 | Willmar Fax 320-222-5216 | Hutchinson Fax 320-234-8506 | financialaid@ridgewater.edu

***Section A is to be completed by the student. *Section B is to be completed by the HOST SCHOOL (Ridgewater is NOT the Host School). *Section C and D will be filled out by Ridgewater. Incomplete or illegible forms will be returned.**

SECTION A – Remember: Please print a copy of your classes and your bill and submit with this form.

Student Name _____ Ridgewater Tech ID/Star ID _____ Host school ID _____

Address _____ City _____ State _____ Zip _____

Phone _____ Ridgewater email _____

Semester and Year for which you are requesting financial aid 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, will 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:**

1. Attach a copy of my course schedule from the Host school
2. Provide Ridgewater with a grade transcript from the Host school after the course(s) are completed
3. Pay tuition and fees at the Host school by their tuition due date (**Please note: ONE SCHOOL DOES NOT PAY THE OTHER. YOU ARE RESPONSIBLE FOR PAYMENT!**)

Student's Signature _____ Date _____

SECTION B – Financial Aid Office at the Host School Semester and Year _____

This student is registered for the course(s) attached to this form and will NOT receive financial aid at our institution.

Institution Name _____

Tuition & Fees _____ #of Credits _____

Signature _____ Date _____

SECTION C – Ridgewater Advising/Counseling Office

I have reviewed the course(s) attached to this form and determined that they will be accepted by Ridgewater as part of the student's degree plan.

Advisor/Counselor Signature _____ Date _____

SECTION D - Ridgewater Financial Aid Office

This agreement is approved not approved

Total credits for semester _____

Financial Aid Signature _____ Date _____