



Consortium/Request for Enrollment Information

Section 1: To be completed by the student and forwarded to the financial aid office at the visiting campus.

I request information pertaining to my enrollment for the _____ semester of the 20____-20_____ academic year be sent to the financial aid office at Bellin College (home campus). This is to include credits enrolled, course number(s) and description(s), and tuition and fees charges.

I am currently enrolled as a degree-seeking student at Bellin College and taking courses at (visiting campus) _____. These courses will be transferred to Bellin College and applied toward degree requirements as approved by the Director of General Education at Bellin College.

My financial aid will be awarded and disbursed by the financial aid office at Bellin College. The information provided on this form will be used in determining my financial aid eligibility based on allowable Title IV standards. All funds will be posted to my student account at Bellin College; any excess will be refunded to me. It is my responsibility to make payment directly to the visiting campus in compliance with that campus' payment policies.

I understand that I must provide the Registrar at Bellin College an official transcript verifying the final grade for all courses taken at the visiting campus listed above at the end of the semester/enrollment term indicated. If financial aid eligibility is based, in full or in part, on those courses noted above taken at the visiting campus, no further financial aid disbursements at Bellin College will be made until the Registrar at Bellin College has received the official final transcript for the semester.

Print Student's Name: _____ Last 4 Digits of SSN: _____

Student's Signature: _____ Date: _____

Section 2: To be completed by the Financial Aid Office at the Visiting Campus

The student named above is enrolled at _____ (visiting campus) for the semester/term noted below:

Table with 3 columns: Term, Start Date of Term, End Date of Term

The student's tuition and fees charges for this term total: \$_____

Proof of registration indicating number of credits and course number(s) and description(s) must be attached to this document (eg. Class Schedule, Billing Statement, etc)

Printed Name of Financial Aid Director or Designee: _____

Signature: _____

E-mail: _____ Phone: (_____) _____ - _____

Mail completed form to: Bellin College Financial Aid Office 3201 Eaton Rd Green Bay WI 54311

Or Fax to: Bellin College Financial Aid Office (920) 433-1922