

OFFICE OF FINANCIAL AID
CONSORTIUM AGREEMENT

BETWEEN
WESTERN CAROLINA UNIVERSITY (HOME SCHOOL)
AND

NAME OF HOST SCHOOL: _____

Western Carolina University and the school named above are herein entering into a consortium agreement for:

Name of Student	Student Identification Number	Telephone No. / E-mail address

For which semester are you completing this form: Fall 2024 Spring 2025 Summer 2025

NOTE: Students must complete this form each semester for which they wish

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