WILMINGTON UNIVERSITY™
STUDENT FINANCIAL SERVICES

Office of Financial Aid
220 Doberstein Admissions Center
320 N Dupont Highway
New Castle, DE 19720
Fax: (302) 328-8905
Email: Finaid@wilmu.edu

2026-2027 CONSORTIUM AGREEMENT

Instructions:

In order to receive financial aid from Wilmington University under this consortium agreement you must be registered for a minimum of one course at Wilmington University and you are required to complete this form and return it to Financial Aid, Wilmington University, 320 N. DuPont Highway, New Castle, Delaware 19720, fax number (302) 328-8905 **prior to the deadline listed below**.

- Complete Section I.
- Have Financial Aid at the Visiting Institution complete Section II;
- Please return the completed Consortium form to Wilmington University, Financial Aid Office
- **Fall 2026 - November 2, 2026 / Spring 2027 - March 15, 2027 / Summer 2027 - July 13, 2027**
- You must provide a final official transcript to the Wilmington University Academic Advising office at the conclusion of the semester.

Definitions:

Consortium Agreement: An agreement between the student, the degree granting institution (Wilmington University) and the visiting institution to allow the financial aid office at the degree seeking institution (WU) to consider the credits at the visiting institution when processing financial aid. A student must complete a consortium agreement for each term/semester.

Parent Institution: Wilmington University

Visiting Institution: The institution offering course work to degree seeking students of the parent institution.

Student: A degree seeking student admitted at the parent institution but taking course work at the visiting institution under this agreement.

The parent institution will accept credits taken at the visiting institution for course work applicable to a degree granted by Wilmington University. A student enrolled either partially or wholly at the visiting institution is entitled to evaluation and receipt of all Title IV student financial assistance from the parent institution. Wilmington University agrees to determine eligibility for and disburse student financial aid funds to the student. **The student is then responsible for paying all fees to the visiting institution and to Wilmington University.** A student is eligible to receive Title IV financial assistance only from the parent institution. **It is the student's responsibility to provide a *final official transcript* to Wilmington University at the end of each enrollment period.** Students are responsible for informing WU Financial Aid whenever they withdraw, drop, or cancel a consortium class.

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Section I. To be completed by the student

Student Name: _____ Student ID #: _____

Major Field of Study:_____ Degree:_____ Grad Date:_____

Name of Visiting Institution:_____

Address of Visiting Institution:_____
Street City State Zip

Enrollment Period / Semester: *(Mark only one)* Fall 2026____ Spring 2027____ Summer 2027____

List the course(s) to be taken at the visiting institution				List the course(s) to be taken at Wilmington University		
Dept. / Course #	**Course Title**	**Credits**		**Dept. / Course #**	**Course Title**	**Credits**

Student Certification:

I understand that by signing this agreement, I am asking the parent institution to pay Title IV financial assistance to me for classes that I agree to complete with a passing grade at WU and the visiting institution (I am aware that I must be registered for a minimum of one course at Wilmington University). I realize I am responsible for paying all fees to the visiting institution. I understand it is my responsibility to provide a *final official transcript* to WU at the end of each enrollment period, and to inform the Office of Financial Aid if I withdraw, drop or cancel a consortium class. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution. To the best of my knowledge all of the information provided on this form is true and complete.

Student Signature:_____ Date:_____

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_____ W00___

Student Name WU#

Section II. To be completed by the visiting institution financial aid office.

The student submitting this form to you is requesting financial aid at Wilmington University under a consortium agreement with your institution. Please provide the information requested below.

Is the above named student receiving Title IV financial assistance through your institution for the enrollment period listed in Section I ? Yes____ No_____

Is the student currently registered for the classes listed in Section I ? Yes____ No____

These classes begin on _____ and end on _____
mm/dd/yyyy *mm/dd/yyyy*

The total cost for these classes: $_____

I certify that the information provided above is accurate. I agree to notify Financial Aid at Wilmington University if this student withdraws from any of these classes.

_____ _____
Financial Aid Office Representative Date

Printed Name _____ Phone Number _____

Section III. To be completed by the Academic Advising at Wilmington University.

The courses listed in Section I which will be taken at the visiting institution will be accepted toward the degree stated by this student in Section I.

_____ _____
Academic Advising Date
Wilmington University

Section IV. To be completed by Financial Aid, Wilmington University.

Wilmington University agrees to pay Title IV assistance based on the information provided in this consortium agreement.

_____ _____
Financial Aid Representative Date
Wilmington University