



West Chester University
Financial Aid Office
25 University Avenue
West Chester, Pennsylvania 19383-2430

Phone: 610-436-2627
Fax: 610-436-2574
e-mail: finaid@wcupa.edu

CONSORTIUM AGREEMENT STUDENT DATA SHEET

Student: _____ SSN: _____

Host Institution: _____

Enrollment: Fall ____ From: ___/___/___ To: ___/___/___ # Credits: ____

Spring ____ From: ___/___/___ To: ___/___/___ # Credits: ____

Summer ____ From: ___/___/___ To: ___/___/___ # Credits: ____

Please specify how many credits will be Distance Education Courses: _____

Costs at Host Institution

Tuition & Fees: _____

Room & Board: _____

Personal & Misc: _____

Transportation: _____

For WCU Only

Host Institution: Please notify WCU if
Student withdraws either partially or
completely.

Housing Status at Host Institution

Dormitory ____ Off-Campus ____

Commuting From Home ____

For the Host Institution

Date