



## 2012-2013 UW-PARKSIDE / GATEWAY 1+3 CONSORTIUM AGREEMENT FORM

**Student Request for Transfer of Information with Gateway** (to be completed by student) I, \_\_\_\_\_\_ hereby request that information regarding my enrollment, cost of attendance and end of term transcripts for the \_\_\_\_\_\_ semester be shared with UW-Parkside. I understand that this agreement does not pay my tuition at Gateway and that I am responsible for any payment due to Gateway. Students with debts are unable to access future services including transcripts or future enrollment. Student Name (print): Last First Middle Last 4 digits of SSN#: DOB: Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ TO BE COMPLETED BY GATEWAY PERSONNEL Home Institution: UW-P Title IV School Code: 005389 Visiting Institution: Gateway Student Address: Semester: Summer \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ **Term Dates:** \_\_\_\_/\_\_\_ to \_\_\_\_/\_\_\_ Total Credits: \_\_\_\_\_ **COST OF ATTENDANCE** (Gateway Financial Aid Office will complete) \$ \_\_\_\_\_ **Total Tuition & Fee Cost** \$\_\_\_\_\_ Room & Board **Books & Supplies** \$\_\_\_\_\_ Transportation \$\_\_\_\_\_ Other (specify)

Gateway agrees not to award aid to the student name above and will notify UW-P of any changes in the student's enrollment status.	
Signature of Gateway Financial Aid Associate	Phone Number
Printed Name and Title	Date
UW-P HOME INSTITUTION APPROVAL	
The above named student is considered a matriculating student at UW-P although he/she will be attending classes at another institution in:	
Summer Fall Spring	
UW-P Credits: Gateway Credits:	Total Credits:
Signature of UW-P Financial Aid Counselor	Date