



---

**UW-Parkside/Gateway Technical College  
Dual Admission General Studies Certificate  
CONSORTIUM AGREEMENT FORM**

**Student Request for Transfer of Information between UW-Parkside and Gateway (to be completed by student)**

I, \_\_\_\_\_ hereby request that information regarding my admission, enrollment, cost of attendance, financial aid information and transcripts to be shared between UW-Parkside and Gateway Technical College while I am an active student in the certificate.

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

**Student Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Last 4 digits of SSN #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Semester I plan to begin the Dual Admission Certificate:** \_\_\_Summer \_\_\_Fall \_\_\_Spring Year: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Institution: UW-Parkside Financial Aid School Code: 005015

Visiting Institution: Gateway Technical College

**UW-Parkside/Gateway  
Dual Admission General Studies Certificate CONSORTIUM AGREEMENT FORM**

***Gateway agrees not to award aid to the student name above and will notify UW-Parkside of any changes in the student's enrollment status.***

_____	_____
Printed Name and Title	Phone
_____	_____
Signature of Gateway Financial Aid Associate	Date
_____	_____
Signature of Gateway Financial Aid Associate	Date
_____	_____
Signature of Gateway Financial Aid Associate	Date

**UW-Parkside HOME INSTITUTION APPROVAL**

The above named student is considered a matriculating student at UW-Parkside although he/she will be attending classes at another institution in:

**Term:** \_\_\_\_\_

UW-Parkside Credits: \_\_\_\_\_ Gateway Credits: \_\_\_\_\_ Total Credits: \_\_\_\_\_

\_\_\_\_\_

Signature of UW-Parkside Financial Aid Counselor Date

**Term:** \_\_\_\_\_

UW-Parkside Credits: \_\_\_\_\_ Gateway Credits: \_\_\_\_\_ Total Credits: \_\_\_\_\_

\_\_\_\_\_

Signature of UW-Parkside Financial Aid Counselor Date

**Term:** \_\_\_\_\_

UW-Parkside Credits: \_\_\_\_\_ Gateway Credits: \_\_\_\_\_ Total Credits: \_\_\_\_\_

\_\_\_\_\_

Signature of UW-Parkside Financial Aid Counselor Date