

Student Financial Services  
1825 N Bluemound Dr  
PO Box 2277  
Appleton, WI 54912-2277

Email: [financialaid@fvtc.edu](mailto:financialaid@fvtc.edu)  
Phone: 920-735-5650  
Fax: 920-735-5763  
Website: [www.fvtc.edu/financialaid](http://www.fvtc.edu/financialaid)

**Student Name** \_\_\_\_\_ **FVTC Student ID** \_\_\_\_\_

**TO BE COMPLETED BY STUDENT:**

I hereby request information regarding my enrollment and cost of education to be sent to the Financial Aid Office at my home campus, Fox Valley Technical College, for the school term:

Fall 2025      Winter/Spring 2026      Summer 2026

I have been admitted to the \_\_\_\_\_ program at FVTC.

My visiting campus is: \_\_\_\_\_ My visiting campus ID#: \_\_\_\_\_

FVTC Transfer Credit (920-735-4720 or [transfercredit@fvtc.edu](mailto:transfercredit@fvtc.edu)) approved these courses: \_\_\_\_ YES \_\_\_\_ NO

- I understand that these courses **must be required** for my degree.
- I understand that my financial aid will be processed by Fox Valley Technical College. All funds will be deposited to my student account. Any FVTC tuition or fee charges will be deducted and any remaining funds will be sent via refund check to my mailing address or direct deposit account on file at FVTC.
- I understand that this agreement **does not** pay my tuition or books at the visiting campus.
- I understand that an **official transcript must be sent** to FVTC at the end of the term.
- I understand that these credits can affect my financial aid Satisfactory Academic Progress at FVTC.
- Any changes to credit load will require that a new consortium is filled out to ensure a correct award.
- I understand I must be enrolled **in at least 1 credit at FVTC** during the same term I am taking classes elsewhere.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY VISITING CAMPUS' FINANCIAL AID OFFICE:**

Under this agreement, Fox Valley Technical College (home) will award financial aid to the student. The visiting campus identified above will provide no aid to the student for the period noted above.

**The visiting campus agrees to:**

1. Provide FVTC with the **number of course credits:** \_\_\_\_\_ (List only credits for courses which begin and end within the dates of enrollment and qualify for financial aid.)
2. Provide **cost of tuition and fees:** \_\_\_\_\_
3. Provide a **copy of student's course schedule** showing course numbers & start/end dates.
4. Notify Fox Valley Technical College of any course credit changes or withdrawals.

Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ College Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please email or fax this form including the information requested to Fox Valley Technical College, Student Financial Services Office (920) 735-5763, [financialaid@fvtc.edu](mailto:financialaid@fvtc.edu).

**ELECTRONIC SIGNATURES NOT ACCEPTED**