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2019-2020 Domestic Studies Consortium Agreement

A consortium agreement is a contract between two schools that recognize the registration of a student at each site for financial aid purposes. The consortium agreement certifies that only one of the two schools will administer financial aid. The HOME school is where the student is fully admitted and from which he or she will graduate. The HOST school is where the student temporarily takes courses, whose credits will be transferred back to his or her HOME school. It is the student's responsibility to send the consortium contract to the HOST program and confirm that Providence College has received it back from the HOST program. **Failure to complete a consortium agreement could result in your aid being cancelled by Providence College for the term checked below.**

This form must be completed by all students who have financial aid and will be studying abroad (studying at American University), or taking a course(s) at another institution (domestically).

Domestic Studies Students: Complete Section 1 & 4

Host Program: Complete Section 2, 3 & 5

1. Student Information	
Student Name:	Home School: PROVIDENCE COLLEGE
Banner ID:	Host Program:
Date:	Consortium Term: <i>(check one)</i>
Phone Number:	<input type="radio"/> Summer 2019
	<input type="radio"/> Fall 2019
Email Address:	<input type="radio"/> Spring 2020

2. Costs and Enrollment Information (Host Program)	
Cost Information	Enrollment Information
Tuition*:	Enrollment Status: <i>(check one)</i> <input type="radio"/> Full-time (12+ credits) <input type="radio"/> 3/4 time (9 - 11 credits) <input type="radio"/> 1/2 time (6 - 8 credits) <input type="radio"/> less than 1/2 (1-5 credits)
Fees:	
Room:	
Board:	
Travel:	
Books & Supplies:	Enrollment Period: _____ to _____ <i>(month/day/year) (month/day/year)</i>
Personal & Misc.:	
Other:	
TOTAL:	

*If you have a program fee that includes tuition and other fees, please indicate all costs separately.

3. Course Title & Academic Advisor Certification (Domestic Studies Only)

Course Title:

Name: _____

Credits: _____

Name: _____

Credits: _____

Name: _____

Credits: _____

Academic Advisor Certification:

I hereby certify that the course(s) listed on this consortium agreement have been reviewed, and they have been determined as acceptable and transferrable towards the student's degree here at Providence College.

Printed Name: _____

Signature: _____

Date: _____

4. Student Certification

I understand that it is my responsibility to sign the consortium agreement and then send it to my HOST program. I understand that it is my responsibility to ensure that the HOST program has returned my consortium agreement to Providence College.

I understand that if my consortium agreement is not completed and returned to Providence College before the start of classes at my HOST program, it may result in cancellation of all aid at Providence College in the consortium term.

I understand that if my financial aid exceeds my direct costs at Providence College and I need a refund, I will be notified separately regarding the form that would need to be completed.

If this consortium agreement is specific to studying at another college/university (domestically), I understand that most HOST programs require a student to pay upfront and out of pocket in order to register for the course. If my financial assistance at Providence College exceeds direct charges, I can contact the Bursar's Office regarding a refund.

Student's Signature: _____ Date: _____

5. Host Program Certification

As the HOME institution, Providence College is responsible for determining eligibility and distribution of all federal, state and institutional funding.

As the HOME institution, Providence College will transfer funds according to the institutional policy and the instructions provided by the student on their Refund Instruction Form once all outstanding charges at the College have first been satisfied.

By signing this form, the HOST institution is certifying the student is enrolled for the term indicated on the front page and agrees to notify the HOME institution if the student changes their number of credits or withdraws from the program.

Authorized Host School Signature:

Printed Name:

Title:

Host Program Name:

Host Program Address:

Fax & Email:
