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2017-2018 Study Abroad 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. **Failure to complete a consortium agreement by the 1st day of class 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 (INCLUDING MERIT AWARD Recipients) and will be studying abroad internationally.

1. Student Information	
Student Name:	Home School: PROVIDENCE COLLEGE
Banner ID:	Host Program & Country:
Date:	Consortium Term: <i>(check one)</i> <input type="radio"/> Summer 2017 <input type="radio"/> Fall 2017 <input type="radio"/> Spring 2018 <input type="radio"/> Fall 2017 & Spring 2018
Email Address:	

2. Student Certification
<p>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.</p> <p>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.</p> <p>I understand that if my financial aid exceeds my direct costs at Providence College and are eligible for a refund, I will need to fill out a Refund Instruction Form.</p> <p>Student's Signature: _____ Date: _____</p>

3. Costs and Enrollment Information (Host Program)	
Cost Information: <i>Please complete or attach a separate form.</i>	Enrollment Information
Tuition*:	Enrollment Status: (check one) <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:	Enrollment Period: _____ to _____ <i>(month/day/year)</i> <i>(month/day/year)</i> 1st Day of Class Last Day of Class
Board:	
Travel:	
Books & Supplies:	
Personal & Misc.:	
Other:	
TOTAL:	

4. Host Program Certification		
<p>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.</p> <p>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.</p>	Authorized Host School Signature: _____ Printed Name: _____ Title: _____ Phone: _____	Host Program Name: _____ Host Program Address: _____ _____ _____ Email/Fax: _____