

2022-2023 Study Abroad Consortium Agreement

Office Use Only		
First Name:	# of Pages:	Tracking Code:
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BID:	Prior Status:	Date Prepped:

A consortium agreement is a contract between two schools that recognize the registration of a student at each school for financial aid purposes. The consortium agreement certifies that only one of the two schools will administer financial aid. This form must be completed by all students who have financial aid (including merit) and will be studying abroad internationally unless the College already has a master consortium agreement on file for your program.

Student Information	
Student Name:	Home School: PROVIDENCE COLLEGE
Banner ID:	Host Program & Country:
Date:	Consortium Term: <i>(check one)</i>
Email Address:	<input type="radio"/> Summer 2022 <input type="radio"/> Fall 2022 <input type="radio"/> Spring 2023 <input type="radio"/> Fall 2022 & Spring 2023

Student Certification
<ul style="list-style-type: none"> 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 are eligible for a refund, I will need to fill out a Refund Instruction Form.
Student's Signature: _____ Date: _____

Host Program Costs	Host Program Enrollment Information
<i>Please complete or attach a separate form</i>	<i>Please complete each section</i>
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:	
Housing:	Enrollment Period: _____ to _____ <i>(month/day/year)</i> <i>(month/day/year)</i> 1st Day of Class Last Day of Class
Food:	
Travel:	
Books & Supplies:	
Personal & Misc.:	
Other:	
TOTAL:	

Host Program Certification		
<p>As the HOME institution, Providence College is responsible for determining eligibility and distribution of all federal, state and institutional funding.</p> <p>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 and Fax