

| Office Use Only | | |
|-----------------|-----------------|----------------|
| First Name: | # of Pages: | Tracking Code: |
| Last Name: | Current Status: | Prepped by: |
| BID: | Prior Status: | Date Prepped: |

2022-2023 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 to go towards the student's degree.

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

| Cost Information <small>(if you have a program fee that includes tuition and other fees, please indicated all costs separately).</small> | Enrollment Information |
|--|--|
| Tuition*: | Enrollment Status at Host Program (<i>check only 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: | |
| Food: | |
| Travel: | |
| Books & Supplies: | Consortium Term Start & End Date: _____ to _____ (month/day/year) (month/day/year) |
| Personal & Misc.: | |
| Other: | |
| TOTAL: | |

| 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 it is my responsibility to retrieve my transcript from the HOST institution once the program has ended and give it to the HOME institution. 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. |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ Student's Signature </div> <div style="width: 35%;"> _____ Date </div> </div> |

| Course Title <i>(Domestic Studies Only)</i> | Academic Dean Approval <i>(Domestic Studies Only)</i> |
|--|---|
| Name: _____ Credits: _____ Name: _____ Credits: _____ Name: _____ Credits: _____ Name: _____ Credits: _____ | I hereby certify that the course(s) listed on this consortium agreement have been reviewed, and they have been determined as acceptable, transferrable and required for the student's graduation degree requirement here at Providence College. Printed Name: _____ Signature: _____ Date: _____ |

| Host Program Certification | |
|---|--|
| <ul style="list-style-type: none"> By signing this form, the HOST School is certifying the student is enrolled for the term indicated on the front page as a visiting student and agrees to notify the HOME School if the student changes their number of credits or withdraws from the program. The HOST School acknowledges the student is enrolled in a degree/certificate bearing program at the HOME School. The HOST School agrees to withhold processing any federal, state or institutional financial aid. If any financial assistance is awarded, the HOST School will promptly inform the HOME School Financial Aid Office of the source and amount. The HOST School confirms that it has not had its eligibility or certification to participate in Federal Student Aid Programs terminated or revoked or had its application to participate denied by the U.S. Department of Education. | _____ Signature _____ Printed Name _____ Title _____ Email _____ Fax _____ Host Program/School name _____ _____ _____ Host Program/School Address |

| HOME School Certification | |
|---|--|
| <ul style="list-style-type: none"> Providence College is the degree granting institution under this consortium agreement Providence College certifies that the student named on this agreement is matriculated in an eligible program of study while studying at the HOST school. Providence College is responsible for calculating awards, disbursing aid and monitoring student eligibility Providence College is responsible for monitoring satisfactory academic progress, keeping records and returning funds when student students withdraws 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><u>(INTERNAL USE ONLY):</u></p> _____ Financial Aid Counselor _____ Counselor's Signature _____ # of credits at HOME institution in the consortium term _____ # of credits at HOST institution in the consortium term _____ Total # of credits combined |

