



Office Use Only		
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2024-2025 Study Abroad Consortium Agreement

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>(select one)</i>						
Email Address:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Summer 2024</td> <td style="width: 33%; text-align: center;">Fall 2024</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">Spring 2025</td> <td style="text-align: center;">Fall 2024 & Spring 2025</td> <td></td> </tr> </table>	Summer 2024	Fall 2024		Spring 2025	Fall 2024 & Spring 2025	
Summer 2024	Fall 2024						
Spring 2025	Fall 2024 & Spring 2025						

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 it is my responsibility to work with the Bursar's Office if I have a credit after my direct charges at Providence College are paid in full. 	
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>(select one)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Full-time (12+ credits)</td> <td style="width: 50%; text-align: center;">3/4 time (9 – 11 credits)</td> </tr> <tr> <td style="text-align: center;">1/2 time (6 – 8 credits)</td> <td style="text-align: center;">less than 1/2 (1-5 credits)</td> </tr> </table>	Full-time (12+ credits)	3/4 time (9 – 11 credits)	1/2 time (6 – 8 credits)	less than 1/2 (1-5 credits)
Full-time (12+ credits)		3/4 time (9 – 11 credits)			
1/2 time (6 – 8 credits)		less than 1/2 (1-5 credits)			
Fees:					
Housing:					
Food:	Enrollment Period: _____ to _____ <i>(month/day/year)</i> <i>(month/day/year)</i> 1st Day of Class Last Day of Class				
Travel:					
Books & Supplies:					
Personal & Misc.:					
Other:					
TOTAL:					

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. 	Authorized Host School Signature _____	Host Program Name _____
	Printed Name _____	_____
	Title _____	Host Program Address _____
	Phone _____	Email and Fax _____