



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

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: 50%;">Summer 2023</td> <td style="width: 50%;">Fall 2023</td> </tr> <tr> <td>Spring 2024</td> <td>Fall 2023 & Spring 2024</td> </tr> </table>	Summer 2023	Fall 2023	Spring 2024	Fall 2023 & Spring 2024
Summer 2023	Fall 2023				
Spring 2024	Fall 2023 & Spring 2024				

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. <p>Student's Signature: _____ Date: _____</p>

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%;">Full-time (12+ credits)</td> <td style="width: 50%;">3/4 time (9 – 11 credits)</td> </tr> <tr> <td>1/2 time (6 – 8 credits)</td> <td>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:					
Travel:					
Books & Supplies:	Enrollment Period: _____ to _____ <i>(month/day/year)</i> <i>(month/day/year)</i> 1st Day of Class Last Day of Class				
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 _____ Printed Name _____ Title _____ Phone _____	Host Program Name _____ _____ Host Program Address _____ Email and Fax _____