



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

2026-2027 Study Abroad Consortium Agreement

A **consortium agreement** is a contract between two schools that allows a student to register at both for financial aid purposes. This agreement ensures that only one school will manage the student's financial aid. All students receiving financial aid (including merit aid) who plan to study abroad internationally must complete this form, unless their college already has a master consortium agreement on file for their specific program.

Student Information					
Student Name:	Home School: PROVIDENCE COLLEGE				
Banner ID:	Host Program & Country:				
Date:	Consortium Term: <i>(circle one)</i>				
Email Address:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Summer 2026</td> <td style="width: 50%; text-align: center;">Fall 2026</td> </tr> <tr> <td style="text-align: center;">Spring 2027</td> <td style="text-align: center;">Fall 2026 & Spring 2027</td> </tr> </table>	Summer 2026	Fall 2026	Spring 2027	Fall 2026 & Spring 2027
Summer 2026	Fall 2026				
Spring 2027	Fall 2026 & Spring 2027				

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>(circle 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:					
Travel:	Enrollment Period: _____ to _____ <i>(month/day/year)</i> <i>(month/day/year)</i> 1st Day of Class Last Day of Class				
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 above 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
		_____	_____