

CONSORTIUM AGREEMENT FOR FINANCIAL AID FOR SUMMER STUDY ABROAD PROGRAMS



For the purpose of awarding federal financial aid funds under Title IV of the Higher Education Act, two institutions of higher learning may set up a consortium agreement to facilitate the aiding of students who will receive their degree from one institution while attending another on a visiting basis. Students wishing to attend another institution must seek permission from the Director of Study Abroad Programs at Saint Anselm College. The Director of Study Abroad and Registrar will monitor the student's progress and notify the Financial Aid Office if the student fails to complete the agreement (completion of the attempted coursework at the visiting campus).

In order to complete the required Consortium Agreement:

- The Study Abroad Office must grant approval for the student to study away at another institution (Step 1).
- The exchange of information between the Financial Aid Office at the visiting institution (host institution) and Saint Anselm College must be approved by the student (Step 2).
- The host institution will provide enrollment information and cost of attendance for the planned period of enrollment at the host institution (Step 3).

Financial aid eligibility through Saint Anselm College will be determined upon receipt of the completed consortium agreement from the Financial Aid Officer at the host institution. Saint Anselm will send written verification of the amount and type of available aid to the host institution. Saint Anselm College will send a check to the host institution for the available aid as it is disbursed to cover direct costs. Upon written request by the student or that student's designee, Saint Anselm College will send a check for indirect costs to the student or that student's designee.

STEP 1: Study Abroad Office Staff

_____ is permitted to study at _____
(student name) (host institution)

through _____ during the summer term
(program name)

of the _____ academic year as a visiting student. Saint Anselm College agrees to accept as partial fulfillment of our degree requirement coursework completed successfully at the host institution.

Director, Study Abroad Signature: _____ Date: _____

STEP 2: Student Consent to Exchange of Information

I request that the Financial Aid Office at _____ (host institution) provide information concerning my enrollment and the cost of attendance to the Office of Financial Aid at Saint Anselm College. I understand that the purpose of the exchange is to facilitate the awarding of financial aid to help pay my costs while I study away from Saint Anselm College. My approved period of enrollment begins on _____ (date) and ends on date)_____.

Student Name (printed): _____ Saint Anselm Student ID: _____

Student Signature: _____ Date: _____

STEP 3: Host Campus Financial Aid Administrator Agreement Certification

I hereby agree that the student named on page 1 of this agreement form will be attending the institution I represent in the capacity of a visiting student. During the academic period noted below, I understand that Saint Anselm College will:

- determine the student's eligibility for federal financial aid based on the cost of attendance provided by the host institution;
- process necessary applications;
- disburse funds;
- maintain records.

Accordingly, I agree that the institution I represent will:

- report to Saint Anselm College the costs of tuition, fees, room and board, personal expenses, and transportation (round trip from home and local);
- provide enrollment information indicating enrollment status and number of credit hours;
- report to Saint Anselm College any institutional or private grant or loan support provided to the student for the period of this agreement;
- report to Saint Anselm College any change in the student's enrollment status;
- not disburse federal financial aid funds to the student during this period of agreement.

_____ Charges for the _____	
(Host Institution)	(Term of Attendance)
Tuition & Fees: \$ _____	Room & Board: \$ _____
Books & Supplies: \$ _____	Travel Expenses: \$ _____
Personal Expenses: \$ _____	Other: \$ _____
Total Cost of Attendance:	\$ _____

Grant/Loan assistance provided by _____ or any private source: \$ _____.

Number of Credit Hours to be attempted: _____

Enrollment Status: (circle one) Full-time Three Quarter-time Half-time Less than Half-time

Date(s) of Enrollment: Begin Date _____ End Date _____

Host Institution:

_____ (Signature)	_____ (Printed Name)	_____ (Title)
_____ (Date)	_____ (Phone Number)	_____ (Fax Number)
_____ (Email Address)		

For Saint Anselm College:

_____ (Signature)	Patricia Brunton (Printed Name)	Associate Director (Title)
_____ (Date)	603.641.7110 (Phone Number)	603.656.6015 (Fax Number)
pbrunton@anselm.edu (Email Address)		

Please fax this form to the Office of Financial Aid at Saint Anselm College at 603.656.6015 or
mail to Office of Financial Aid, Saint Anselm College, 100 Saint Anselm Drive, Manchester, NH 03102.