**Consortium Agreement**

**Student Name**: \_\_\_Your name here\_\_\_\_\_\_\_\_\_\_\_\_\_ **SS#**: \_\_\_ Your social security number here \_\_\_ \_\_\_

The above named student is a degree candidate at Rhode Island College, but plans to enroll at\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Here you should indicate the name of the university or institute abroad (where you will actually be studying ]as a visiting student for the academic period shown below. As the home institution, Rhode Island College would like to enter into a consortium agreement with your institution for the purpose of processing any financial assistance that the student is eligible to receive.

As the home institution, Rhode Island College agrees to do the following:

1. Determine the student's eligibility for financial assistance.

2. Award and disburse student aid funds.

3. Monitor Satisfactory Academic Progress and other student eligibility requirements.

4. Distribute student aid refunds.

5. Maintain student financial aid records.

The “host institution” is the program to whom you will pay tuition, i.e. AIFS, CIS, TEAN, etc.)

As the host institution, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirms that it is eligible to participate in Federal Student Financial Aid programs and that it will agree to do the following:

1. Certify the student's enrollment status and inform Rhode Island College of any changes that occur after this agreement is completed.

2. Certify the student’s attendance costs and inform Rhode Island College of any changes that occur after this agreement is completed.

These are the dates of your particular program abroad.

**Academic Period of Agreement:** From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Mo. Day Year Mo. Day Year

Course restrictions imposed by Rhode Island College (**if any**):

Student does NOT fill in any information below this line.

**Certification of Registration Status and Attendance costs**

This student is enrolled at the host institution as shown below. The student’s registration does not violate any restrictions imposed by Rhode Island College.

Fall: \_\_\_\_ Credits: \_\_\_\_ Spring: \_\_\_\_ Credits: \_\_\_\_ Summer: \_\_\_\_ Credits: \_\_\_\_

Tuition $\_\_\_\_\_\_\_ Room & Board $ \_\_\_\_\_\_\_ Books $ \_\_\_\_\_\_\_

Fees $\_\_\_\_\_\_\_ Travel $ \_\_\_\_\_\_\_ Miscellaneous $ \_\_\_\_\_\_\_

Please indicate your acceptance of this agreement by completing and returning both copies to the Rhode Island College Office of Student Financial Aid. The Rhode Island College authorized representative will sign and return one copy to you for your records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Authorized signature for Rhode Island College Authorized signature for Host Institution***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name/Title (please print) Date Name/Title (please print) Date***

***Return to:*** Office of Student Financial Aid, Rhode Island College, 600 Mt. Pleasant Avenue, Providence, RI 02908

You should send this form to your program provider (to whom you will pay tuition) and they should complete the bottom half of the form and return it to the Office of Student Financial Aid at RIC.