

Study Abroad Consortium Agreement

Instructions

This consortium agreement provides the legal basis required by the federal government for the processing of student and parent federal financial aid programs such as: Pell grants, Direct subsidized and unsubsidized loans, SEOG grants, Perkins loans, parent PLUS loans, state financial aid programs, institutional aid, and other private financial aid sources (scholarships, grants, loans, etc.) for a degree or certificate seeking student who is studying at another college or university (host institution or program provider) on an approved study abroad program.

| Stude | nt sı | uppo | orting documents – bring the following to your study abroad office with your Consortium Agreement: | | | |
|-------|----------------------------|------|--|--|--|--|
| | ☐ The Consortium Agreement | | | | | |
| | • | Su | pporting Documents: | | | |
| | | | Copy of host institution/program provider Acceptance Letter (uploaded to study abroad portal) | | | |
| | | | Copy of most current invoice of program costs from the program provider | | | |
| | | | Program provider Financial Aid Verification Form (if required by program) | | | |

□ Transferable Funds Information Sheet

Student steps:

1. Complete the Consortium Agreement and submit all supporting documents

□ Evidence of costs for each item listed on this form must be attached

- Section 1 To be completed by the student.
- Section 2 To be completed and signed by the program provider.
- Section 3 To be completed and reviewed by Study Abroad advisor.
- Section 4 To be completed by your Financial Aid advisor. All supporting documents must be attached.
- 2. **Meet all deadlines for submission.** All processing requirements must be completed, at the latest, 30 days prior to departure to ensure that financial aid will be applied on schedule.

Need to know:

- The student's financial aid award will be revised, if necessary, to reflect the student's enrollment at the host institution/program provider.
- Financial aid will be credited to the student's UMass student account. Funds will not be applied until after the add/drop period.
- Private education loans/alternative loans must be credit approved and certified by the campus before verification will be issued to the provider. This process may take up to 30 days.
- Students must notify the Study Abroad and Financial Aid Office if they withdraw or drop courses at the host institution/program provider. Withdrawn or dropped coursework may impact the student's financial aid status and/or award. Refer to your financial aid office's withdrawal policy for details.
- Some institutions/program providers may require payments prior to the receipt of financial aid. The student is responsible for the host institution/program provider being paid according to their policy.

What's Next – Upon turning in your Consortium Agreement & Supporting Documents:

- 1. Financial Aid will notify the student via email if the financial aid award changes due to the consortium agreement.
- 2. Financial Aid will send a copy of the fully completed and signed consortium agreement to the program provider (and student upon request).
- 3. Once aid is applied, payment will be made to the program provider on behalf of the student as indicated in Section 1 of the Consortium Agreement.
- 4. After all outstanding charges are paid, if there is a refund due to the student, an email will be sent to the student's UMass email account to indicate when the refund will be available. Students are strongly encouraged to enroll in Direct Deposit.



Study Abroad Consortium Agreement

Section 1: Student Information (to be completed by student)

| Student | Name: | Student UMass ID: | | | | |
|---------|---|---|------------------------------|---|---------|--|
| | | Student Phone Number: | | | | |
| | | | | | _ | |
| | | | | | _ | |
| Term: | □ Fall | | | | | |
| Enrollm | ent Dates: | Begin Date | to | | | |
| | | Begin Date | | End Date | | |
| Numbei | of equivalent US credits | student will be enrolled in a | abroad: | | | |
| | | mation: Financial aid is dislo be managed. Select Option | | iversity account. Students must o | confirm | |
| Option | 1: (ENCOURAGED) | | | | | |
| | I authorize UMass to use my financial aid award to pay my study abroad host/provider directly. I understand any excess funds after my provider has been paid will be sent to my permanent address on file or to the bank account I provided when I enrolled in Direct Deposit. This option is not possible for Summer and Winter study abroad participants. | | | | | |
| Option | 2: (select one) | | | | | |
| | I accept responsibility to these funds to make the | pay the program provider or required payments. | directly. I have enrolled in | Direct Deposit and will use | | |
| | | | OR | | | |
| | and will have to wait unt | pay the program provider of il a refund check is mailed to the required payments. | | T to enroll in Direct Deposit I understand I will need to | | |
| l under | stand: | | | | | |
| • | Courses taken while abroad must be approved by completing the Prior Approval for Study Abroad Program Transfer Form with my university and be applicable to my degree or certificate program. | | | | | |
| • | My financial aid may be institution/program prov | revised to reflect the enrollider. | ment and program specifi | c information at the host | | |
| • | I understand funds may | not be available to me until | after start of the semeste | r at my home institution. | | |
| • | | ensure all forms are comple . Note: Some institutions/pre | | | | |
| • | I must pay any uncovere payment deadlines. | ed balance to my host institu | ution/program provider ba | sed on their specified | | |
| • | | d until after the home camp ary and are determined by | | | | |
| • | | alternative loans must be cd to the provider. This proc | | | | |
| • | I must notify the UMass or financial aid. | Financial Aid Office if I rece | eive any additional private | and/or provider scholarship | | |
| • | I must notify the Study A institution/program prov | | fice if I drop or withdraw f | rom the courses at the host | | |
| • | I must submit an official | transcript from the host inst | titution upon completion o | f the semester. | | |
| Student | Signature: | | | Date: | | |



Study Abroad Consortium Agreement

your

Section 2: To be completed by Program Provider

The program provider agrees not to award the student federal, state or institutional financial aid resources for attendance during the enrollment period listed. The provider agrees to notify the student's home institution, in writing, if the student withdraws from the course(s)/program. At the conclusion of the enrollment, the host/provider agrees to send an official transcript to the student's home institution.

| Student Name: Host Institution/Program Prov | vider: | | |
|--|--|---------------|--------------|
| Host Institution/Program Prov | vider: | | |
| | | | |
| Enrollment Dates: | | to | |
| Total Enrolled Credits: | Begin Date | Eı | nd Date |
| Cost of Attendance: | Enter amounts student will be institution/organization for a ca | | |
| | Cost of At | tendance | |
| | Tuition and Fees | \$ | |
| | Program Fee | \$ | |
| | Health Insurance Fee | \$ | |
| | Housing | \$ | |
| | Meals | \$ | |
| | Books and Supplies | \$ | |
| | Ground Transportation | \$ | |
| | Airfare | \$ | |
| | Passport, Visa Fees | \$ | |
| | Other Expenses | \$ | |
| | Total | \$ | |
| | Please list scholarships, grant Provider | · | the student. |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| Program Official: Address: | ist address funds should be sent to if stud | Title: Phone: | |
| City, State, Zip: | and a second sec | | |
| Email: | | Fax: | |
| Signature: | | Date: | |



Study Abroad Consortium Agreement Section 3: To be completed by Home Institution Study Abroad Advisor:

Verification of Costs of Attendance NOT billed by Program Provider (listed in Section 2 of form).

| Cost of Attendance No | ot Billed by Provider |
|-----------------------|-----------------------|
| Books and Supplies | \$ |
| Ground Transportation | \$ |
| Airfare | \$ |
| Passport, Visa Fees | \$ |
| Other Expenses: | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total | \$ |

The advisor confirms review of the completed Financial Aid packet (sections 1 and 2 above with all attachments).

| Printed Name: | Title: |
|---|--|
| Signature: | Date: |
| Section 4: To be completed by Fina | ancial Aid Administrator: |
| The student's home financial aid office agrees to award and disburse will be determined based on the student's enrollment status and cost based on enrollment and tuition/fee charges. Aid will be disbursed to home institution. | t of attendance expenses. Award is subject to change |
| Student's home institution: UMass Dartmouth | |
| Estimated Award Amount: | Expected Dist. Date: |
| Fin. Aid Officer Name: | Title: |
| Email: | Phone: |
| Address: | Fax: |
| Signatura | Date: |