



FINANCIAL AID CONSORTIUM AGREEMENT

Between
Saint Joseph's College

Name of Host School

Saint Joseph's College and the school named above are herein entering into a consortium agreement for:

Student Name & SJC ID Number	Telephone & Email Address	Mailing Address

For which semester are you completing this form:

Fall

Spring

Summer

Please provide the requested academic information. If you are submitting the Application for Study Abroad, you may skip to the Student Agreement Section below.

Name of Course	Course Number	Number of Credits

NOTE: Students must complete this form *each semester* for which they wish to receive financial aid including parent or private loans under a consortium agreement.

Student Agreement

The student agrees to:

1. Take courses at the Host School which are transferable to the degree program at SJC.
2. Be enrolled in a degree-granting program at SJC, and make satisfactory academic progress for financial aid purposes as specified by the SJC Satisfactory Academic Progress Policy.
3. Be enrolled at least-half time at either the home institution or through a combination of courses at the home and host institution.
4. Submit this completed form and, if required, a completed copy of the College's "Application for Study Abroad" to the Office of Financial Aid.
5. Submit grade transcripts from their Host School at the end of the semester.
6. NOT be receiving financial aid at the Host School.
7. Pay the host institution for any charges incurred.

I understand the requirements of receiving financial aid through a consortium agreement.

Student Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____

Study Abroad Coord. (if applicable): _____

Date: _____

Student Name: _____

SJC ID Number: _____

Section II – Host School Information

Will the student receive financial aid at your institution? Yes ___ No ___

If "Yes," please indicate the amount and type of aid. \$ _____ Grant ___ Loan ___ Work ___

Academic Period	Semester Start Date ___/___/___ Semester End Date ___/___/___
Tuition and Fees (if charged by the Host School)	\$ _____
Estimated books and supplies cost	\$ _____
Estimated room and board (unless provided by the host institution as part of exchange program)	\$ _____
Estimated transportation including overseas flights if applicable	\$ _____
Estimated personal expenses	\$ _____
<u>Total</u> Estimated Expenses for Enrollment Period provided above	\$ _____

Please attach a copy of the student’s registration and billing information from your institution. By signing below you agree to inform Saint Joseph’s College of any change in enrollment during the term to which this agreement applies.

Host School's Financial Aid Officer's Signature	Printed Name	
Telephone & Email Address	Date	Title IV Code

Please return this form to:

Office of Financial Aid
 Saint Joseph’s College
 278 Whites Bridge Road
 Standish, ME 04084-5263

Fax 207.893.6699
 Phone 800.752.1266
 Email finaid@sjcme.edu