



## 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 ___/___/___<br>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](mailto:finaid@sjcme.edu)