



Boston University Financial Assistance

**Financial Aid Consortium Agreement
for
Enrollment in External Study Abroad Programs**

This financial aid consortium agreement is required by the federal government for either postsecondary institution listed below to pay or process Federal (Pell Grant, Supplemental Educational Opportunity Grant, Federal Direct Loan, PLUS Loan) or certain state awards for a student who is enrolled as a non-degree student at the **Host Institution** but is a matriculated undergraduate degree candidate at **Boston University**.

Instructions

Section I: must be completed by the student. Further, the student is responsible for ensuring that the remaining sections are completed as specified. **All** required items (front and back) must be completed **before** Boston University Financial Assistance can process any federal or state financial aid for which you may, as a student matriculated into a degree program at Boston University taking classes at another institution (the Host Institution), be eligible. Student loan borrowers are responsible for making any necessary arrangements with their lenders to ensure that their student loans do not go into repayment status while they are on an external program.

Section II: must be completed by an official of the Financial Aid Office at the Host Institution.

Section III: must be completed by the Boston University Study Abroad Office for students enrolling through an external program during a fall, spring or summer semester, and must confirm that credits earned at the Host Institution will be accepted toward the completion of your degree. In addition, students enrolling through an external program during **fall or spring semester** must take an official leave of absence and pay a \$600 External Program Fee.

Section IV: must be returned to and completed by:

Boston University
Financial Assistance
881 Commonwealth Avenue, Fifth Floor
Boston, MA 02215

Phone – 617-353-2965
Fax – 617-358-2792
Email – finaid@bu.edu
Website – bu.edu/finaid

Student's Name _____ Social Security Number _____

Section III. To be completed by the BU Study Abroad – External Programs, Program Manager or the Associate Director, only if enrolling in an External Study Abroad Program

1. Name of Student's Boston University College/School? _____
2. Is the student currently enrolled in a degree program? Yes No
3. Is the student in academic good standing with his/her College? Yes No
4. Has the student received approval from his/her College for the courses he/she proposes to take at that the Host Institution? Yes No
5. Will the credits be accepted toward completion of the Boston University degree? Yes No
6. Is the program where the student plans to enroll an external program?
Yes No
7. Has the student completed all the requirements for program participation approval and credit transfer? Yes No

Signature

Name

Title

Date

Section IV. To be completed by Boston University Financial Assistance

Signature

Name

Title

Date