Financial Aid Consortium Agreement for Enrollment in Study Abroad Programs Not Sponsored by Boston University

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, Perkins Loan, Stafford/Ford 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 a non-BU Study Abroad 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 a non-BU Study Abroad 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 a Non-BU Study Abroad program during fall or spring semester must take an official leave of absence and pay a $575 Non-BU External Program Fee.

Section IV: must be returned to and completed by:

Boston University  Phone – 617-353-2965
Financial Assistance  Fax – 617-358-2792
881 Commonwealth Avenue, Fifth Floor  Email – finand@bu.edu
Boston, MA 02215  Website – bu.edu/finaid
**Section I.**  To be completed by the student

<table>
<thead>
<tr>
<th>Student’s name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Throughout this document Boston University is referred to as the "Home" Institution. As such, Boston University enters into a consortium agreement with the "Host" Institution named herein.**

**Home Institution:**  
**Boston University**

**Host Institution/Program:**  
___________________

I will enroll:  
☐ Fall 20_____, for _______ credits  
☐ Spring 20_____, for _______ credits  
☐ Summer 20_____, for _______ credits

Student’s Signature  
Date

---

**Section II.** To be completed by the Host Institution’s Financial Aid Office

Please DO NOT leave anything blank.

<table>
<thead>
<tr>
<th>Cost of Attendance:</th>
<th>Dates of Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$_________</td>
</tr>
<tr>
<td>Fees</td>
<td>$_________</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$_________</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>$_________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$_________</td>
</tr>
<tr>
<td>Personal</td>
<td>$_________</td>
</tr>
<tr>
<td>MISC</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$_________</td>
</tr>
</tbody>
</table>

Dates of Enrollment:

Financial aid awarded by Host school:______________________________

Number of credits: ___________________

School of Academic record: ___________________

Comments:________________________________

________________________________________

---

**Certification**

1. **Boston University** agrees to provide payment(s) to this student, if eligible, under Title IV Programs as appropriate for the term(s) specified.

2. The **Host Institution** agrees not to provide Title IV aid to this student for the term(s) specified and to notify **Boston University** if the student withdraws from classes with the Host Institution.

3. It is agreed to by both **Boston University** and the **Host** Institution that all aid will be sent to the Host Institution in the form of a check made co-payable to the student and the Host Institution.

Host Institution Name ________________________________________________

Address ___________________________________ Telephone # ______________

Signature  
Name  
Title  
Date

Please fax to Boston University Financial Assistance at 617-358-2792
<table>
<thead>
<tr>
<th>Section III. To be completed by the Assistant Director for External Programs, Boston University Study Abroad Office, only if enrolling in an External Study Abroad Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of Student’s Boston University College/School? _______________________________</td>
</tr>
<tr>
<td>2. Is the student currently enrolled in a degree program? Yes ☐ No ☐</td>
</tr>
<tr>
<td>3. Is the student in academic good standing with his/her College? Yes ☐ No ☐</td>
</tr>
<tr>
<td>4. Has the student received approval from his/her College for the courses he/she proposes to take at the Host Institution? Yes ☐ No ☐</td>
</tr>
<tr>
<td>5. Will the credits be accepted toward completion of the Boston University degree? Yes ☐ No ☐</td>
</tr>
<tr>
<td>6. Is the program where the student plans to enroll a Non-BU Study Abroad program? Yes ☐ No ☐</td>
</tr>
<tr>
<td>7. Has the student completed all the requirements for program participation approval and credit transfer? Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Date</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Section IV. To be completed by Boston University Financial Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>