



STUDY ABROAD CONSORTIUM AGREEMENT

BETWEEN

Stephens College, Columbia, Missouri AND (host school) _____

Stephens College and the host institution listed above are hereby entering into a Consortium Agreement as outlined below.

Once completed, all sections should be returned to:

Study Abroad Coordinator
C/O Academic Affairs
Campus Box: 2005
Address: 357 Lela Raney Wood Hall
Studyabroad@stephens.edu
1200 E. Broadway
Columbia, MO 65202

Section 1. To be completed by the student.

Name:	Stephens ID#
Telephone Number: Cell Number:	Email Address:
Permanent Address:	Temporary Address (if applicable):
Consortium period	Circle one: Fall Semester Spring Semester Summer Semester Year: _____ Number of credits approved by Advisor: _____

Under this consortium agreement, I (student) agree to the following:

1. Release of financial aid information to the host school.
2. Be actively enrolled in a degree, certificate, or other recognized credential program at the home-school (Stephens College) at the time of making application for the Consortium Agreement.
3. Submit initial application for consideration of this Consortium Agreement on/before the posted census date of the term as referenced above at Stephens College (i.e. Fall, Spring OR Summer)

4. Maintain satisfactory academic progress as outlined by Stephens and the U.S. Dept. of Higher Education at both the home and host-school.
5. Take courses at the host school that are transferable to the identified degree, certificate or recognized credential as certified by the Stephens College academic advisor.
6. Notify Stephens financial aid office within two (2) business days if she does not begin attendance in the courses listed and approved per the Consortium Agreement.
7. Refuse application and/or acceptance of financial aid at the host school during the Consortium Agreement term.
8. Inform Stephens and the host school of any change(s) in enrollment status including (but not limited to: adding and/or dropping class (es), withdrawing, and/or substituting course (s) previously approved by the certifying academic advisor at Stephens College.
9. File a FAFSA annually and complete the required financial aid process(es) at Stephens College prior to all applicable deadlines, identifying Stephens as the designated home school on the FAFSA.
10. Pay all costs associated with the experience (room, board, airfare, etc) and other educational expense as charged by the home and/or host school on/prior to all posted due dates as outlined by each college.

I would like to have my financial aid monies (when released) to be sent to the following address:

I understand that I am **required** to sign an “Authorization to Hold a Federal Student Aid Credit Balance Form” available from the Office of Accounting, 2nd floor, Lela Raney Wood Hall.

I consent to the host school disclosing to Stephens College documentation of my enrollment at the host school, and notice if I fail to enroll or withdraw from host school (any or all courses). I understand that my academic transcript upon completion of the term will be sent to Stephens College, along with applicable student consumer information required under Title IV.

I understand that this amount will not be released until 10 days prior to the start of coursework.

I understand that I am still enrolled as a student at Stephens College and all grades made at the host institution will be averaged into my GPA.

Failure to meet qualification standards as reference above may lead to immediate termination of financial aid eligibility at Stephens College. Students in traditional undergraduate programs must be taking at least 12 credits (full time semester) or 6 hours (summer) at Stephens to be eligible for institutional grants/scholarships.

Student Signature:	Date:

Section II. To be completed by host school financial aid and returned to Stephens College.

Host School:	
Students Name:	
Student is enrolled at host school Stephens College, Columbia, Missouri	From: Term: Fall, Spring or Summer (circle one) Year:

Please provide the following cost information:

Tuition and fees	
Books and supplies: estimate	
Misc. personal expenses: estimate	
Room : estimate	
Board : estimate	
Transportation (to and from school) estimate	
Other (specify):	
Other (specify):	

Under this Consortium Agreement (CA), the host school:

1. Certifies that financial aid via FAFSA will not be processed and/or disbursed for the student listed on this CA contract for the term identified.
2. Will make available applicable student consumer information required under Title IV.
3. Will provide Stephens with documentation of the student's **enrollment** at the host school (i.e. letter of acceptance).
4. Agrees to **notify Stephens College if the student fails to enroll in or withdraws from**, the host school (to include the withdrawal date and other relevant information).
5. Will provide Stephens with a host school academic transcript upon completion of the consortium period per this CA contract.
6. Will supply **Stephens College with a bill for tuition only** for this student. All other expenses are the responsibility of the student. Address: Stephens College, Accounting, Attn: Sheryl Brady, 12000 E Broadway, PO Box 2006, Columbia, MO 65215 or SB_bill@stephens.edu

Date:	
Host school financial aid officer signature:	
Printed name/Title:	
Host school address:	
Email address:	
Telephone:	

Section III. To be completed by Academic Advisor

Name of Advisor:	
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Student Name:	
Number of hours to be taken at host university: Student needs to be full time in order to receive financial aid	
Term student will be attending:	

List classes to be taken at host university:

Class	Credits	Elective or Core	Equivalent class (core)

Under this consortium agreement, Stephens College academic advisor agrees:

1. That the student is enrolled in a degree, certificate or recognized credential at Stephens for the term/year identified in this Consortium Agreement application.
2. To accept the course work listed above as transferrable toward the completion of the student's degree, certificate, or other recognized credential requirements at Stephens.
3. To forward this form to the Study Abroad Office upon completion for consideration/processing the Title IV funding. Study Abroad Coordinator will get copy to Financial Aid.
4. Agree to review transcript data if asked by registrar at end of term to ensure standards have been achieved.

Academic Advisor Signature:	Print name:
Academic Dept:	Date:
Email address:	Phone:
Dean's Signature:	
Registrar's Signature:	