



Office of Financial Aid & Scholarships

10501 Boulevard South - Fort Myers FL 33965-6565 **Phone:** 239-590-7920
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Financial Aid Consortium Agreement – Study Abroad

This financial aid consortium agreement is required by the U.S. Department of Education in order for Florida Gulf Coast University to process Federal awards (Pell Grant Florida, Bright Futures, financial aid) for a student who is enrolled as a non-degree student at the Host institution, but is a matriculated degree candidate at Florida Gulf Coast University.

Section 1 – To Be Completed by the Student

Student's name :	UIN :
Permanent Address :	
E-mail address:	Phone Number:

Florida Gulf Coast University will be referred to as the “Home” Institution throughout this document. The “Home” Institution and the “Host” Institution named herein are entering into a consortium agreement.

- Home Institution Florida Gulf Coast University
- Host Institution _____

The student is completing this form for the following semester (check one):

- Fall _____ Spring _____ Summer _____ Year _____
- **Proposed courses to be taken at the Host Institution during this semester**

Course Number	Course Title	Credit Hours	Start and End Dates

Section 2 – To Be Completed by the Host Institution’s Financial Aid Office

<u>Cost of Attendance</u> <u>(Based on Full time enrollment per Semester)</u>	<u>Student’s Enrollment Information</u>
Tuition and Fees \$ _____	Specify which Semester: _____
Book & Supplies \$ _____	Classes Begin: _____
Room & Board \$ _____	Add/Drop date: _____
Transportation \$ _____	Last Day of Semester: _____
Personal \$ _____	Number of Credits Hrs Enrolled : _____
Miscellaneous \$ _____	Tuition Cost per Credit Hour: \$ _____
TOTAL \$ _____	Lab Fees Paid for this term \$ _____

Section 3 – To Be Completed by the Student’s Academic Advisor at FGCU

In which College/School at FGCU is the student enrolled? _____

Is the student currently enrolled in a degree program?	Yes	No
Is the student in good academic standing?	Yes	No
Has the student received approval from his/her College/School for The courses proposed at the Host Institution (Listed in Section 1)	Yes	No
Will the credits be accepted toward completion of the FGCU degree?	Yes	No

_____	_____	_____	_____
Signature	Name	Title	Date

Statement of Agreement by FGCU and the Host Institution

It is agreed by both institutions that only **FGCU** will award and process financial aid for this student. The **Host** institution agrees to notify **FGCU** of any changes to this student's enrollment. **FGCU** will be responsible for determining refunds or repayments from this student withdrawal from classes. The **HOST** institution will be responsible for monitoring this student's satisfactory academic progress.

Certification

The Host Institution agrees:

1. To verify the student's enrollment status for each payment period and to notify FGCU promptly in writing if the student withdraws either partially or completely.
2. Not to disburse Title IV aid for the consortium or completely.

Florida Gulf Coast University agrees:

1. To provide payment(s) to this student, if eligible, under Title IV financial aid programs as appropriate for the term(s) specified.

_____	_____
Host Institution Financial Aid Signature	Date

_____	_____
Printed Name and Title	Telephone Number

Student's term and conditions for this agreement (Please read and sign)

1. You must complete and attach a "Study Abroad Course Transfer Equivalency Request" form documenting by your academic advisor and the Registrar's Office that the classes you will be taking outside FGCU will be accepted toward completion of the FGCU degree.
2. **You are responsible for paying tuition and fees to the Host Institution.**
3. You are responsible for requesting an academic transcript from the Host Institution to be sent to FGCU Registrar's Office at the end of the specified academic term. All credits taken at another school will not count as earned until my official transcript from the Host Institution has been received and processed by the FGCU Registrar.
4. **In addition to this Consortium Agreement form, you must submit the following documents to the FGCU Office of Financial Aid and Scholarships before we can process any aid for which you may be eligible:**
 - ✓ A copy of your *Registration Form* from the Host Institution
 - ✓ A copy of your *paid receipts* from the Host Institution

The student should keep a copy of this form after Section 2 has been completed before sending the form to the Financial Aid Office at the Host Institution.

All items (front and back) must be completed before the FGCU Office of Financial Aid and Scholarships can process any aid for which you may be eligible.

➤ **Student Statement of Compliance:** My signature below confirms that I have read and clearly understand the terms and conditions for this agreement as stated above:

_____	_____
Student's Signature	Date

_____	_____
Florida Gulf Coast University (FGCU) Financial Aid Signature	Date
_____	_____
Printed Name and Title	Telephone Number