



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 such as Pell Grants and Loans. Florida Bright Futures is only available for select State approved Study Abroad Programs. 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, may be eligible for qualified aid.

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 _____
- **Proposed courses to be taken at the Host Institution during this semester:**

Course Number	Course Title	Credit Hours	Start and End Dates

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

1. You must attach a **“Study Abroad Course Transfer Equivalency Request”** form completed by your academic advisor and the Registrar’s Office documenting that the classes you will be taking at the Host institution will be accepted toward completion of your FGCU degree.
2. In addition to this 2 page **“Consortium Agreement”**, you must submit the following documents to the FGCU Office of Financial Aid and Scholarships **before we can process any eligible aid:**
 - ✓ A **copy of your Registration form** from the Host Institution
 - ✓ A **copy of your paid receipts** from the Host Institution
3. **You are responsible for paying tuition and fees to the Host Institution.**
4. You are also 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 an official transcript from the Host Institution has been received and processed by the FGCU Registrar.**

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 4 items described above, must be completed and submitted to the FGCU Office of Financial Aid and Scholarships before we 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

Section 2 – 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**Section 3 – To Be Completed by the Host Institution’s Financial Aid Office**

<u>Cost of Attendance</u> (Based on Full time enrollment per Semester)		<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 \$	_____

Statement of Agreement by the Host Institution and FGCU

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. **FGCU** will be responsible for monitoring this student’s satisfactory academic progress.

CertificationThe Host Institution agrees:

- 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.
- Not to disburse Title IV aid for the consortium or completely.

Florida Gulf Coast University agrees:

- 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_____
Florida Gulf Coast University (FGCU) Financial Aid Signature_____
Date_____
Printed Name and Title_____
Telephone Number