

FINANCIAL AID CONSORTIUM AGREEMENT

Through this agreement, Eastern Illinois University (hereafter EIU), contracts with:

_____ (hereafter Host) to accept EIU students in a transient or visiting status to take courses and study at Host. Host understands that EIU students are seeking a degree through EIU and therefore agrees not to process or award any Federal Title IV aid for EIU students. Host agrees to notify EIU if any of its students withdraw from the program or decrease enrollment before its conclusion and also to notify EIU of grants or scholarships that any of its students receive from non-EIU sources. Host agrees to send EIU a transcript or comparable official written record noting each student's performance in the program, per the rules and regulations of Host. This record will include course titles, number of credit hours or an equivalent measure, and a grade or comparable indication of students' performance and will be sent to: *Office of Study Abroad, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920, United States*. This agreement is for all qualified EIU students receiving financial aid and continues indefinitely, so long as the terms of this agreement do not change between EIU and Host.

To be completed by Host Institution. If in the future, there is a change in Cost of Attendance, Host will inform EIU and adjustments will be made accordingly.

_____/_____
(Name of Contact Person at Host) (Title)

Under this consortium agreement, EIU agrees to process the student Title IV financial aid applications and provide payments of Title IV funds (if eligible) directly to the students who are responsible for paying Host. EIU certifies that the approved study abroad students are making satisfactory academic progress toward the completion of their degrees at EIU. EIU calculates returns of Title IV funds (when appropriate), maintains Title IV record keeping and reporting requirements, agrees to consider this student enrolled in an eligible program of study at EIU, determines eligibility for financial aid based on the cost of attendance at Host, and maintains all records in accordance with federal regulations.

HOST

HOME INSTITUTION

Signature/Date: _____ / ____ / ____

_____ / ____ / ____

Name: _____

Wendy Williamson

Title: _____

Director of Study Abroad

Address: _____

Office of Study Abroad

600 Lincoln Avenue

Charleston, IL 61920

Phone: _____

Phone: 217-581-7267

Fax: _____

Fax: 217-581-7299

Email: _____

Email:wswilliamson@eiu.edu

Please return this agreement by mail or fax to the EIU contact and address above.

ESTIMATED STUDENT BUDGET

Please use this form to estimate ALL the expenses that a student may incur to participate in your program(s). Copy this form as needed, so as to cover all program offerings and terms.

Program: _____

Term: _____

Category	Amount	Explain
Tuition:		
Fees:		
Housing:		
Meals:		
Books:		
Airfare:		
Local Travel:		
Spending/Misc.		
Student Visa:		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Total:		

_____/_____
 (Signature of Host Representative) (Date) (Title)