

CONSORTIUM AGREEMENT

Last Name [please print clearly] **First Name** **MI** **E-mail Address**

T _____
Oberlin ID Number **Cell Phone Number**

This document serves to determine financial aid eligibility for Oberlin College students who choose to study at an institution/program other than Oberlin. Oberlin will use the information provided herein to create a financial aid package for eligible students that reflects the cost-of-attendance of the study away program at the host institution.

Regardless of when the study away program begins, financial aid funds are not available to students prior to the beginning of the Oberlin semester for which they are awarded. In cases where a student is dependent upon their Oberlin financial aid funds to pay the bill at the study away program, and the program requires payment before Oberlin can issue aid to the student, the student is responsible for making satisfactory payment arrangements directly with the program.

The host institution's cost of attendance and associated fees must be validated with the signature of a representative of the host institution (on the second page).

To Be Completed By The Oberlin Student:

- 1) Name of Host Institution: _____
[e.g., Butler University]
- 2) Name of Program at Host Institution: _____
[e.g., Central American Studies]
- 3) Approximate Dates of Enrollment: from _____ to _____
- 4) I hereby request that Oberlin College determine my eligibility for federal, state, and Oberlin financial aid for the program named above. I understand that my financial aid will first be applied to any charges billed by Oberlin with the remaining amount refunded to the person/address listed below.

I understand that I must inform Oberlin College in a timely manner if I choose not to enroll in or drop out of the named program.

I understand that if I am eligible for a refund I must contact the Office of Student Accounts (stuacct@oberlin.edu) to arrange for payment.

Signature: _____

Date: _____

Oberlin Student: _____

Oberlin ID: **T** _____

To Be Completed By The Host Institution:

Enrollment: Full-Time ¾ Time ½ Time Less than ½ Time

Period: _____ to _____
Month/Day/Year Month/Day/Year

Cost of Attendance: Oberlin Tuition: \$ \$33,205/sem \$66,410/yr

Program Tuition: \$ _____ (Used if higher than Oberlin Tuition)

Residence: \$ _____ Billed Estimated

Dining: \$ _____ Billed Estimated

Books/Supplies: \$ _____

Travel/Personal: \$ _____

Other: \$ _____ specify: _____

If program fees are to be paid in other than United States currency, specify which currency: _____

Exchange Rate: _____ to one US dollar on _____ (date)

Will the host institution provide financial assistance to the student? Yes No Amount: \$ _____

Certification:

- The Host Institution certifies that the student listed above has been accepted for enrollment.
- The Host Institution agrees not to pay the student a Federal Pell Grant and/or Campus-Based funds or process a Federal Loan during the enrollment period listed above. Further, the Host Institution agrees to notify Oberlin College if the student withdraws from the program or decreases enrollment before its conclusion. Satisfactory conclusion of the program will be evidenced by an academic transcript upon written request of the student.
- The Host Institution agrees to notify the Oberlin College of student aid that the student receives from non-Oberlin sources.

Printed Name

Authorized Signature

Date

Institution

Phone

Email

Address for Payment

Address

To Be Completed By Oberlin College:

Oberlin College agrees to provide payment on behalf of the student, the extent of his/her eligibility for federal and/or state financial aid, in the appropriate manner listed above.

Signature

Printed Name

Title

Date

Federal Pell Grant

Federal SEOG

State Grant _____

Federal Stafford Loan

Federal PLUS Loan

Other _____

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