

CONSORTIUM/CONTRACTUAL AGREEMENT

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

T _____
Oberlin ID Number Daytime Phone Number

This agreement is used to determine financial aid eligibility when an Oberlin student chooses to study at an institution/program other than Oberlin College. In these cases, a student may transfer federal and state financial aid to the host institution with the host institution's agreement to participate.

Even under this agreement, financial aid funds are not available prior to the beginning of the Oberlin semester for which they are awarded. If the student is dependent upon financial aid funds to pay the bill at the host school, and the host school requires payment before a refund may be issued by Oberlin College, the student is responsible for making satisfactory payment arrangements with the host school.

This agreement is not valid without the signatures of the student, a representative of the host institution, and the signature of an official of the Oberlin College Office of Financial Aid.

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.

Name of person to whom any refund check should be made to: _____

If refund check is made out to anyone other than the student, you must provide their Social Security Number: _____

Mailing address that any refund check should be mailed to: _____

Mailing address during ALOA [if available]: _____

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: \$ 26,381/sem \$52,762/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 Family Education 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 Perkins Loan
- _____ Federal PLUS Loan
- _____ Other _____