



### Office of Financial Aid & Scholarships

10501 Boulevard South - Fort Myers FL 33965-6565 - fax (239) 590-7923

#### 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 (FGCU) 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 submit a "**Course Pre-Approval Form for Study Abroad Programs**" to the International Services Office (ISO). Be sure to contact the ISO as soon as possible to schedule a consultation.
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 (Host school's version of Gulfline)
  - ✓ A **copy of your paid receipts** from the Host Institution
  - ✓ FULL information regarding **Program Provider, Contact Person, Dates and Cost**.
3. **You are responsible for paying tuition and fees to the Host Institution prior to receiving payment from FGCU.**
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. Unearned credits could result in repayment of some, or all, of your financial aid award.**

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

- **Student Statement of Compliance:** My signature below confirms that I have read and clearly understand the terms and conditions of 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 or 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 the College or School for the courses proposed at the Host Institution (Listed in Section 1)? Yes No

What is the exact number of credits that will be accepted toward completion of the FGCU degree, compared to the total number of credits being attempted? \_\_\_\_ of \_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

<u>Cost of Attendance(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	_____

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

**Certification**

The 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 this consortium.

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 \_\_\_\_\_