



# 2021-22 Consortium Agreement for non-DU Study Abroad

Under consortium, your home school (DU) accepts credit for courses taken at a host school and counts those credits toward the completion of your DU degree. DU may decline to give credit for courses that you do not pass. All courses taken under the consortium program will be used to calculate your DU Satisfactory Academic Progress (SAP). DU's complete SAP policy is located on our website at [www.du.edu/financialaid](http://www.du.edu/financialaid). The financial aid for which you are eligible will be released to you by DU on the disbursement date(s) below. You will be responsible for paying the bill at your host school.

### EXPECTED REFUND DATES\*

|   |                   |
|---|-------------------|
| Fall Quarter  | September 1, 2021 |
| Winter Quarter  | December 24, 2021 |
| Spring Quarter  | March 18, 2022    |
| Summer Quarter  | June 15, 2022     |
| *Please note that the expected refund dates listed are the <b>earliest</b> possible dates that a refund can be generated for you. In order for you to receive a refund on time, you must complete all required loan steps in advance. |                   |

### A. STUDENT INFORMATION

|                      |               |                               |
|----------------------|---------------|-------------------------------|
| <b>Student Name:</b> | <b>DU ID:</b> | <b>Host School ID or SSN:</b> |
|----------------------|---------------|-------------------------------|

### DU ENROLLMENT

While enrolled at a host school, I will also be enrolled at DU. I will be enrolled in \_\_\_\_ credits at DU. Please include the cost of these credits in my student budget.

### AIRFARE

I would like the cost of airfare to my host school to be included in my student budget. Receipts for my airfare are attached. \*\*This adjustment will be made only if the host school does not include international air fare in your cost of attendance. \*\*

### CERTIFICATION AND SIGNATURE

*I permit the DU Office of Financial Aid to reduce or increase my student budget, thus changing my financial aid eligibility. I understand that I am responsible for ensuring that this form is complete prior to being submitted to the DU Office of Financial Aid. I understand that financial aid funds cannot be disbursed to me prior to the scheduled disbursement date for the term(s) I will be participating in the consortium program.*

Student Signature

Date

### B. HOME SCHOOL INFORMATION (DU)

The above named student has been approved to attend the host school listed below for the term(s) listed. The credits earned at the host school will be applied to his/her degree.

|                             |                    |
|-----------------------------|--------------------|
| <b>Name of Host School:</b> | <b>DU Term(s):</b> |
|-----------------------------|--------------------|

DU OIE Advisor Signature and Name

Phone

Email

Date

|                      |               |                               |
|----------------------|---------------|-------------------------------|
| <b>Student Name:</b> | <b>DU ID:</b> | <b>Host School ID or SSN:</b> |
|----------------------|---------------|-------------------------------|

**C. HOST SCHOOL INFORMATION (Non-DU Institution)**

The above named student has been accepted into our program for the dates listed below. The cost of attendance for the student's term(s) of enrollment is listed below and will be used by the home school to calculate financial aid award eligibility. **The host school agrees not to award or disburse any aid to the student. In case of the student's withdrawal, the host school agrees to notify the home school immediately.**

|   |                               |                             |
|---|-------------------------------|-----------------------------|
| <b>Name of Host School:</b>                             | <b>Enrollment Start Date:</b> | <b>Enrollment End Date:</b> |
| <b>Financial Aid Administrator or Program Official:</b> | <b>Phone Number:</b>          | <b>Email Address:</b>       |

Is your school authorized to disburse Title IV aid?      Yes      No

Financial Aid Administrator or Program Official Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |                |           |  |                                      |
|--|----------------|-----------|--|--------------------------------------|
| <b>Host School Cost of Attendance</b><br>to be completed<br>by host school | Tuition        | \$        | <b>Host School Enrollment</b><br>to be completed<br>by host school | ___ Full time, ___ credits           |
|  | Fees           | \$        |  | ___ ¾-time, ___ credits              |
|  | Books          | \$        |  | ___ Half time, ___ credits           |
|  | Room           | \$        |  | ___ Less than half time, ___ credits |
|  | Board          | \$        |  |                                      |
|  | Transportation | \$        |  |                                      |
|  | Personal       | \$        |  |                                      |
|  | Medical        | \$        |  |                                      |
|  | <b>Total</b>   | <b>\$</b> |  |                                      |

**Host School Comment Section:**