

Consortium Agreement

ACADEMIC YEAR 2023-2024

University of Rhode Island Consortium Agreement

Student Name: _____ Student Id: _____
Section B: (To be completed by the Financial Aid Office at the Host School) Host School

Information Name of School/Program: _____

Address: _____

Send Completed Form To:

University of Rhode Island
Enrollment Services Green Hall
6 Rhody Ram Way
Kingston, RI 02881 USA

Phone: (401) 874-9500

Fax: (401) 874-2002

Website: www.uri.edu/es

Email: ESMail@etal.uri.edu

Cost of Attendance:

Tuition and fees \$ _____ Fall _____

Room and Board \$ _____ Spring _____

Books and Supplies \$ _____ Summer _____

Transportation \$ _____

Personal/Misc. \$ _____

Other _____ \$ _____

TOTAL: \$ _____

Registered Credits:

Program Dates:

Fall Start date: _____ End date: _____

Spring Start date: _____ End date: _____

Summer Start date: _____ End date: _____

CERTIFICATION

A. The Host School certifies that the student has been accepted for enrollment in the program listed above.

B. The Host School agrees not to pay the student Pell Grant and/or campus-based funds or process a Federal Direct Student Loan during the enrollment period listed above. Further, the Host School agrees to notify The University of Rhode Island if the student withdraws from the program before its conclusion. Satisfactory conclusion of the program will be evidenced by an academic transcript upon written request of the student.

C. The University of Rhode Island agrees to provide payment to the student, if eligible, for the appropriate period of time. Payment will be made in such a manner as agreed to between the Home School and the student. It is the student's responsibility to pay the Host School

On behalf of the Host School:

Name Signature

Title Date Phone Number

Email Contact

On behalf of The University of Rhode Island:

Name Signature

Title Date Phone Number

