

Consortium Agreement

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: _____

Cost of Attendance:

Tuition and fees \$ _____
Room and Board \$ _____
Books and Supplies \$ _____
Transportation \$ _____
Personal/Misc. \$ _____
Other _____ \$ _____

TOTAL: \$ _____

Registered Credits:

Fall _____
Spring _____
Summer _____

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

