FORMAL CONSORTIUM AGREEMENT

The following agreement is to provide the legal basis required by the federal government for DeSales University to pay a Federal Pell Grant, Federal student loans, and/or campus-based aid to a student matriculated at DeSales University; but, studying abroad through another post-secondary institution.

DeSales University, the home institution, agrees to determine eligibility for and pay any Federal Pell Grant, Federal Student loans, and/or campus-based aid for:

_____________________, _____________, for study with __________________________
Student Name    Student ID#    Host Institution Name

in conjunction with your ___________________________________________ program for the academic period indicated below.

Name of Program

DeSales University agrees to accept credits taken through ___________________________ by the above-named student towards his/her Bachelor's degree requirements, provided the course work is completed satisfactorily as determined by the DeSales University Registrar. ___________________________ agrees to provide a

Host Institution Name

transcript of the student's academic record to DeSales University, to notify the institution promptly in writing if the student withdraws from the program, and to not process any federal student aid for the student.

MORE ON BACK
TO BE COMPLETED BY THE HOST INSTITUTION:

Academic Period ____________________________
Program start date ____________________________
Tuition & Fees ____________________________
Program ending date ____________________________
Room ____________________________
Board ____________________________
Books and supplies ____________________________
Student Enrollment (current or expected for the academic period)
Personal ____________________________
Full Time ____________________________
Approximate airfare ____________________________
Half Time ____________________________
Other travel expenses ____________________________
Less Than Half Time ____________________________
Other (please specify) ____________________________
Institutional Award (if any) ____________________________
TOTAL ESTIMATED COSTS: ____________________________

Financial Aid Office address: ____________________________
Business Office address: ____________________________
Telephone# ____________________________
Telephone# ____________________________
Email address ____________________________
Email address ____________________________

Agreement to the above is acknowledged by the undersigned:

Financial Aid Officer Signature ____________________________
Financial Aid Officer Signature ____________________________
HOME INSTITUTION: DeSales University ____________________________
HOST INSTITUTION: ____________________________
Financial Aid Officer/Authorized Official Name ____________________________
Financial Aid Officer/Authorized Official Name ____________________________

RETURN TO:
DeSales University ____________________________
Office of Financial Aid ____________________________
2755 Station Avenue ____________________________
Center Valley, PA 18034-9568 ____________________________
Phone: 610-282-1100 ext 1287 ____________________________
Fax: 610-282-0131