Harvard College Financial Aid Office
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# Consortium Agreement

According to federal regulations, a Consortium Agreement must exist before a home institution can provide federal funds to be used at a host institution. Therefore, the two institutions named below herein enter into a Consortium Agreement for:

Student Name: _____ Last 4 Digits of SSN: _____

Institutions Home Institution: **Harvard College**
Host Institution: _____

Enrollment (check all that apply)
☐ 20___ Fall Semester ☐ 20___ Spring Semester ☐ Other:_____

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## TO BE COMPLETED BY THE HOST INSTITUTION

**Enrollment Data:**

*Status:* ☐ Full Time ☐ ¾ Time ☐ Half Time ☐ Other

*Dates:* Starting: _____ Ending: _____

**Cost of Attendance:**

| | |
|---|---|
| Tuition & Fees | _____ |
| Room & Board | _____ |
| Books/Personal | _____ |
| Travel Expenses | _____ |
| **Total** | _____ |

(Please complete only if student is receiving **private** funds from the Host Institution.)

**Financial Aid:** Grant Amount $_____ Loan Amount $_____ Work Amount $_____

## CERTIFICATION

The Home Institution agrees to provide payment(s) to the above-mentioned student, if eligible, under the Federal Pell Grant, Federal Stafford Loan, and/or campus-based programs for the term(s) above. These awards will be disbursed, for the appropriate time period, once enrollment is confirmed and the student's file is complete.

The Host Institution agrees **not** to provide the above-mentioned federal funds to the student for the term(s) above and further agrees to notify the Home Institution if the student withdraws from all classes at that institution prior to the conclusion of the term(s) above.

**Signature:** _____ _____
Host Institution Financial Aid Officer Date

Once complete, the student should please upload here (requires log-in):
https://finaid.college.harvard.edu/manage/login?realm=&r=/register/study-abroad-consortium