

# MOUNT HOLYOKE<sup>SM</sup>

## CONSORTIUM AGREEMENT / CONTRACTUAL AGREEMENT

### To Be Filled Out By Program You Are Attending

As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.9(a)(1); (2), Pell Grant Program, Code of Federal Regulations, this consortium agreement is entered between the institutions listed below for the purposes of providing federal and/or institutional financial assistance to the named student.

This agreement is entered between \_\_\_\_\_ (the Host institution) and **Mount Holyoke College** (the Home institution) for study in \_\_\_\_\_ (country) for the benefit of:

1. **Student's Name** \_\_\_\_\_  
**Student ID# (7-digit number on ISIS)** \_\_\_\_\_

2. **Dates of enrollment:**     Full Year    From: \_\_\_\_\_ To: \_\_\_\_\_  
    Fall Term    From: \_\_\_\_\_ To: \_\_\_\_\_  
    Spring Term From: \_\_\_\_\_ To: \_\_\_\_\_

3. Actual number of anticipated credit hours \_\_\_\_\_

4. Will the student be receiving any aid (i.e., travel grant, special scholarship) from the Host institution? **Yes** \_\_\_\_ List Amount: \_\_\_\_\_ **No** \_\_\_\_

5. Cost of program for the term dates above **listed in United States dollars. Leave no item blank, entering \$0 when applicable.**

	Program <b>Billed</b> Costs	Program <b>Non-billed</b> Costs
<b>Tuition</b>	\$ _____	\$ _____
<b>Fees:</b>	\$ _____	\$ _____
<b>Room (standard double):</b>		\$ _____ \$ _____
<b>Board/Meals:</b>	\$ _____	\$ _____ (If self-catered please use estimate)
<b>Books/Personal:</b>	\$ _____	\$ _____ (Include local transportation)
<b>Round-trip Travel</b>	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____

**Total Program Budget**    \$ \_\_\_\_\_

**Deadlines** for the receipt of this form are:  
**June 1** for full year or fall semester programs  
**December 1** for spring semester programs

- A. The Host institution certifies that the student named has been accepted for enrollment in the program above.
- B. The Host Institution agrees not to pay the student Pell Grant and/or campus based funds, state grant, institutional funds, or process a federal student loan during the enrollment period listed on the front of this sheet.**
- C. The Host Institution agrees to notify the Home Institution at the time the student withdraws if it is before the conclusion of the program.** Per Federal Regulations, federal funds must be returned within a short period of time when a student withdraws from a program. **Failure to notify Mount Holyoke College jeopardizes Mount Holyoke College's eligibility for future federal financial assistance.**
- D. The Host institution agrees to provide a transcript of the student's academic record to the Home institution.
- E. The Home institution agrees to provide payment to the student, if eligible, under the programs listed above (B) for the appropriate enrollment period. Payment will be made in such a manner as agreed to between the Home institution and the student.
- F. Figures not listed in US dollar figures will be converted to US dollar figures using the exchange rate in effect at the time the student's file is reviewed. Revisions will not be made to reflect any changes in the currency exchange rate.

HOME INSTITUTION

*Kathy Blaisdell*  
 \_\_\_\_\_  
 Signature

Kathy Blaisdell  
 Director, Student Financial Services

HOST INSTITUTION

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name Title

\_\_\_\_\_  
 Date Telephone#

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Email Fax #

**Return form to:**  
**Student Financial Services**  
 MOUNT HOLYOKE COLLEGE  
 50 College Street, Skinner Hall  
 South Hadley, MA 01075-1492  
 Tel (413) 538-2291 Fax (413) 538-2512