



**University of the Incarnate Word Office of Financial Assistance
Student Consortium Agreement for Study Abroad**

I. Completed by Student

Name: _____ ID: _____

Address: _____

City, State and Zip Code: _____

Phone: _____ Email: _____

The following agreement is a requirement of the U.S. Department of Education for a post-secondary institution to process and pay financial aid awards for a student who is enrolled in a program at one institution (the HOST institution), but is a matriculated degree-seeking student at another institution (the HOME institution).

The HOST institution agrees to provide a transcript of the student's academic record to the HOME institution. The HOST institution will notify the HOME institution immediately if the student withdraws from the program. The HOME institution certifies that the student is in a degree-seeking program and agrees to accept work taken at the HOST institution toward completion of the HOME institution degree requirements.

Program of Study Begin Date: _____ End Date: _____

Name of HOST institution: _____

Address of HOST institution: _____

Phone: _____ Email: _____

Student Certification:

- I will be funded through UIW, and all financial aid records will be maintained in the UIW Office of Financial Assistance.
- I understand the University payment policies and options as outlined in the UIW Bulletin and Course Schedule. I will adhere to parking and insurance waiver deadlines before my departure date. I understand my student account balance must be current to participate in a Study Abroad program.
- I am responsible for making payment arrangements through the UIW Business Office.
- I am responsible for notifying the UIW Office of Financial Assistance of any changes in enrollment or program costs.
- I am responsible for maintaining Satisfactory Academic Progress at the HOST institution.
- I will submit transcripts at the end of the term from the HOST institution to UIW.

Signature: _____ **Date:** _____

II. Completed by Advisor

- I have reviewed the course of study to be completed at the HOST institution.
- The courses will be accepted for transfer and applied toward the student's degree at the HOME institution.

Advisor Signature: _____ **Date:** _____

III. Completed by Study Abroad Coordinator

Please complete the table below to document expenses at the host institution for the period of enrollment only. **Financial Assistance does not cover expenses for periods of non-enrollment.** Students must provide a signature from the Study Abroad Office approving the expenses. Students may also provide documentation from the HOST institution literature (including website) or receipts. Study Abroad signature required to verify approval of costs.

Date all forms required to be completed for UIW per study abroad coordinator: _____

Sister School? Yes (tuition will be the same as UIW tuition) No (tuition information attached)

Housing charged to UIW? Yes (UIW will be invoiced by sister school) No (student invoiced)

Student Enrollment: Full-Time Part-Time Half-Time

Semester of Enrollment: Summer Fall Spring

Expenses	Summer	Fall	Spring
Tuition			
Fees			
Books/Supplies*	200	400	400
Room			
Board			
Transportation*	1000	1000	1000
Related Expenses*	325	725	725
Total			

*Amounts for book/supplies, transportation (includes air fare), and related expenses are reimbursed up to the amounts shown in the table above. Please note that if your costs for books/supplies, transportation and/or related expenses exceed the above budgeted amount, you will be responsible for paying those additional costs.

Study Abroad Advisor Signature: _____ **Date:** _____

IV. Completed by Office of Financial Assistance

Award Information:

Total Cost of Attendance: _____ - EFC _____ = _____

Fund	Summer	Fall	Spring	Total
Scholarships				
Grants				
Stafford Loans				
Other Loans				

Total Charges for Terms(s): _____

Less Assistance for Direct Payment to HOST Institution: _____

Equals Eligible Assistance for Student Refund: _____

Date Check will be cut for Student Refund: _____

Financial Assistance Advisor: _____ **Date:** _____