



Consortium Agreement

Student Name: _____ Student ID #: _____

The above named student is a degree candidate at Rhode Island College, but plans to enroll at _____ as a visiting student for the academic period shown below. As the home institution, Rhode Island College would like to enter into a consortium agreement with your institution for the purpose of processing any financial assistance that the student is eligible to receive.

As the home institution, Rhode Island College agrees to do the following:

1. Determine the student's eligibility for financial assistance.
2. Award and disburse student aid funds.
3. Monitor Satisfactory Academic Progress and other student eligibility requirements.
4. Distribute student aid refunds.
5. Maintain student financial aid records.

As the host institution, _____ confirms that it is eligible to participate in Federal Student Financial Aid programs and that it will agree to do the following:

1. Certify the student's enrollment status and inform Rhode Island College of any changes that occur after this agreement is completed.
2. Certify the student's attendance costs and inform Rhode Island College of any changes that occur after this agreement is completed.

Academic Period of Agreement: From: ___/___/___ To: ___/___/___
Mo. Day Year Mo. Day Year

Course restrictions imposed by Rhode Island College (if any): _____

Certification of Registration Status and Attendance costs

This student is enrolled at the host institution as shown below. The student's registration does not violate any restrictions imposed by Rhode Island College.

Fall: ___ Credits: ___ | Spring: ___ Credits: ___ | Summer: ___ Credits: ___

Tuition	\$ _____	Room & Board	\$ _____	Books	\$ _____
Fees	\$ _____	Travel	\$ _____	Miscellaneous	\$ _____

Please indicate your acceptance of this agreement by completing and returning both copies to the Rhode Island College Office of Student Financial Aid. The Rhode Island College authorized representative will sign and return one copy to you for your records.

Authorized signature for Rhode Island College

Authorized signature for Host Institution

Name/Title (please print)

Date

Name/Title (please print)

Date

Return to: Office of Student Financial Aid, Rhode Island College, 600 Mt. Pleasant Avenue, Providence, RI 02908