

Study Abroad Consortium Agreement



THIS SECTION TO BE COMPLETED BY THE STUDENT

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First M </div>	Spire ID: _____
Email: _____	Telephone Number: () _____ - _____ Cell Phone Number: () _____ - _____
Student Signature: _____	Date: _____

This agreement provides the documentation required by the federal government for the University of Massachusetts Amherst (home institution) to process federal financial aid for a student matriculated at UMass Amherst, but studying at another college (host institution) in part or full for a semester.

Home Institution:

The University of Massachusetts Amherst certifies that the student is a matriculated student at the home institution and agrees to fund the student for credits taken at a host institution with the following stipulations:

- the actual funds for federal money are available;
- the University of Massachusetts Amherst has been paid;
- the host institution has confirmed credit enrollment;
- UMass agrees to pay the students financial aid award to the student; it will be the students responsibility to pay any tuition and fees incurred at the host institution.

Host Institution:

- agrees to allow the student enrollment with this signed document;
- will notify the University of Massachusetts Amherst, in writing, if the student withdraws from any classes during the semester.

Student completes grayed out areas for Host Institution:

Home Institution	Host Institution
Name of Institution: University of Massachusetts Amherst	Name of Institution: _____
Semester: _____	Semester: _____
Award: _____	Number of Credits: _____
	Tuition/Fees:\$ _____
	Room/Board:\$ _____
	Books/Supplies:\$ _____
	Travel/Misc.:\$ _____
	Total Cost of Attendance:\$ _____
Name: Patricia Echols	Name: _____
Title: Assistant Director	Title: _____
Authorized Signature: _____	Authorized Signature: _____
Date: _____	Date: _____
Telephone Number: (413)-545-0801	Telephone Number: _____
Fax Number: (413)-545-1700	Fax Number: () _____

Return complete form to:
Financial Aid Services
255 Whitmore Administration Building
Amherst, MA 01003

Or you may fax it to: 413-545-1700



Financial Aid Services | 255 Whitmore Administration Building | 181 Presidents Drive | Amherst | MA | 01003-9313 | Telephone 413.545.0801 | TDD 413.545.9420 | Fax 413.545.1700