

WILLIAM & MARY STUDY ABROAD CONSORTIUM AGREEMENT

All students receiving financial aid (including grants, scholarships, and/or loans) need to complete this form and return it to the Global Education Office (G.E.O.) at the Reves Center. Please see the Study Abroad Student Handbook for more information. You will need to make sure with your financial aid counselor that your financial aid paperwork is complete. Email aid@wm.edu to connect with your advisor.

SECTION 1: COMPLETED BY STUDENT AND RETURNED TO G.E.O. AT THE REVES CENTER (G.E.O. WILL SEND THE FORM TO THE PROGRAM/HOST UNIVERSITY)

STUDENT INFORMATION	
93 #	
FIRST NAME	
MIDDLE NAME	
LAST NAME	
PHONE #	
W&M EMAIL	<small>@EMAIL.WM.EDU</small>
PROGRAM INFORMATION	
PROGRAM NAME	
HOST UNIVERSITY	
TERM ABROAD	
PROGRAM/HOST UNIVERSITY CONTACT NAME AND PHONE #, FAX #, AND/OR EMAIL ADDRESS	

I understand that the 930# and W&M e-mail address listed will be sent to the program/university I have listed.

I understand it is my responsibility to make sure the proper institution receives payment for the program I have chosen to attend.

STUDENT SIGNATURE:

DATE:

SECTION 2: TO BE COMPLETED BY THE PROGRAM/HOST UNIVERSITY'S STUDY ABROAD OR FINANCIAL AID OFFICER, AND RETURNED TO G.E.O. AT THE REVES CENTER

THE COLLEGE OF WILLIAM & MARY AND _____ (PROGRAM/HOST UNIVERSITY) ARE ENTERING INTO AN INFORMAL CONSORTIUM AGREEMENT FOR THE PURPOSE OF PROCESSING TITLE IV FINANCIAL AID PROGRAMS AND/OR ALTERNATIVE EDUCATIONAL LOANS FOR THE STUDENT PURSUING THIS PROGRAM. IT IS UNDERSTOOD THAT PARTICIPATING ACADEMIC INSTITUTIONS ARE ELIGIBLE AS DEFINED BY SECTION 600.9(b) AND 60.9 OF THE TITLE IV FINANCIAL AID PROGRAM REGULATIONS AND CHAPTER 3, SECTION 6 OF THE FEDERAL STUDENT AID HANDBOOK.

Period of Enrollment (mm/dd/yy): _____ to _____

Estimated Cost of the Study Abroad Program: U.S. Dollars OR Local Currency

TUITION & FEES		
ROOM & BOARD (ON-CAMPUS OR OFF-CAMPUS)		
ESTIMATED AIRFARE		
BOOKS & SUPPLIES		
MISCELLANEOUS/PERSONAL		
OTHER INSURANCE		
REQUIRED W&M CISI INSURANCE (W&M REVES USE ONLY)		
REVES CENTER FEE (W&M REVES USE ONLY)		N/A
TOTAL COST OF THE STUDY ABROAD PROGRAM FOR THE SPECIFIED TERM OF ATTENDANCE		
INDICATE THE AMOUNT OF ANY SCHOLARSHIPS YOUR PROGRAM WILL PROVIDE TO THIS STUDENT		

CHECK HERE IF ATTACHING SEPARATE COST BREAKDOWN SHEET

BY COMPLETING THIS AGREEMENT, THE VISITED CAMPUS AND THE COLLEGE OF WILLIAM & MARY AGREE THAT: (1) THE HOST CAMPUS CERTIFIES THAT THE STUDENT IS ENROLLED FULL-TIME (AT LEAST 12 CREDIT HOURS PER SEMESTER, 6 CREDIT HOURS PER SUMMER TERM), WILL MONITOR THE STUDENT'S ENROLLMENT AND WILL NOTIFY WILLIAM & MARY IF THE STUDENT DROPS BELOW FULL-TIME STATUS DURING THE PERIOD OF STUDY. (2) THE HOST CAMPUS WILL NOT PROCESS OR DISBURSE ANY TITLE IV FUNDS TO THE STUDENT DURING THE PERIOD OF THIS AGREEMENT. (3) THE COLLEGE OF WILLIAM & MARY WILL MAINTAIN ALL RECORDS AND MONITOR SATISFACTORY ACADEMIC PROGRESS. (4) THE COLLEGE OF WILLIAM & MARY WILL ACCEPT RESPONSIBILITY FOR PROCESSING AND DISBURSING FEDERAL PELL GRANT AND CAMPUS-BASED PROGRAMS, W&M GRANTS, FEDERAL STAFFORD AND PLUS LOAN(S), AND ALTERNATIVE LOAN(S) THE STUDENT MAY BE ELIGIBLE FOR. (5) ACCEPTANCE OF TRANSFER CREDIT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF THE STUDENT'S COURSE OF STUDY AND ITS APPROVAL BY W&M.

SIGNATURE OF STUDY ABROAD/FINANCIAL AID OFFICER: _____

PRINTED NAME: _____

TITLE/OFFICE: _____

ORGANIZATION/HOST UNIVERSITY NAME & ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

REVES CENTER G.E.O. USE ONLY

CHECKED BY (INITIALS): _____

DATE: _____

RETURN VIA EMAIL (WMABROAD@WM.EDU) OR FAX (1-757-221-3597)

GLOBAL EDUCATION OFFICE, REVES CENTER P.O. BOX 8795 WILLIAMSBURG, VA, USA 23187-8795
 PHONE: (757) 221-3594 FAX: (757) 221-3597 EMAIL: WMABROAD@WM.EDU