

..... Consortium Agreement

**Fill out top box
and forward to
Host Institution**

CENTER FOR INTERNATIONAL EDUCATION

The following agreement is to provide the legal basis required by the federal government for the University of New Hampshire to process federal financial aid (Pell Grant, Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loan, PLUS Loan) for a student matriculated at the University of New Hampshire but studying at another university or college for a semester or full academic year.

_____, the host institution at which

(your name) _____ (ssn) _____

will be enrolled for (Study Abroad Dates) _____ agrees to provide a transcript of the above student's academic record to the University of New Hampshire. The host institution further agrees to notify the University of New Hampshire in writing immediately if the student changes his/her enrollment status from that indicated below.

The University of New Hampshire agrees to accept previously approved satisfactory work undertaken at the host institution toward completion of the University of New Hampshire degree requirements.

Upon receipt of the completed Consortium Agreement, the University of New Hampshire agrees to refund the financial aid to the student.

-----Student: Do NOT Write Below this Line-----

University of New Hampshire
(Home Institution)

(Host Institution)

Address: _____

**Please return to:
Financial Aid Office
Stoke Hall
Durham, NH 03824**

Student Enrollment: ____ Full time ____ Half time

Student Expenses (U.S. dollars)

Tuition & Fees _____ Personal _____

Room & Board _____ Travel _____

TOTAL EXPENSES _____

Financial Aid (from host institution) _____

Signature: _____

Signature: _____

Name: Cindy Mills

Name: _____

Title: Assistant Director of Financial Aid

Title: _____

Telephone: 603.862.3600

Phone: _____

Fax: 603.862.1947

UNH STUDY ABROAD

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