The Study Abroad Consortium Agreement Form establishes that the "home" institution considers the student to be enrolled in an eligible program and accepts those credits, which are earned at the "host" institution for credit towards the degree in that program, and that financial aid established with the "home" institution can be used to provide financial assistance. Only complete this form if you are participating in a two-year SUNY community college or a non-SUNY institution Study Abroad program.

**STEP 1 – STUDENT SECTION**

A: I request a Study Abroad Consortium Agreement at the following institution for the following semester(s). The agreement must be on file/processed by the semester financial aid census date, which can be found at [http://financialaid.buffalo.edu/process/census.php](http://financialaid.buffalo.edu/process/census.php).

Host Institution: ___________________________ ☐ Summer 2015 ☐ Fall 2015 ☐ Winter 2016 ☐ Spring 2016

B: In order to process this request, I acknowledge all of the following:

- I have been granted permission from my Academic Department to take the following courses:

  Course #: __________________ Course #: __________________ Course #: __________________

- The courses I have requested to take will be transferred back to the University at Buffalo (UB) to be used toward degree requirements.

- I am required to request an official transcript sent from the host institution (listed in A above) to UB as soon as possible. Failure to provide an official transcript will possibly result in a hold placed on my student account.

- The disbursement of funds from UB may occur after the host institution's payment due dates. Late fees and/or course cancellation may occur. It is my responsibility to adhere to the policies of the host institution.

- All financial aid will first be applied to my student account at UB. Any funds remaining after any charges on my UB account are paid will be refunded directly to me. **It is my responsibility to pay any outstanding charges incurred at the host institution.**

- I am responsible for maintaining Satisfactory Academic Progress (SAP). The policy is at [http://financialaid.buffalo.edu/process/sap/php](http://financialaid.buffalo.edu/process/sap/php).

☐ I have read and understand the above statements and request that UB process my Study Abroad Consortium Agreement.

_________________________________________  _______________________________________
Student Signature  Date

**STEP 2 - ACADEMIC ADVISOR SECTION (Must be completed before Step 3)**

The above named student has permission to take coursework at the following host institution: ___________________________

For the following semester(s): ☐ Summer 2015 ☐ Fall 2015 ☐ Winter 2016 ☐ Spring 2016

The Enrollment Period is: From: ___________ To: ___________

- I affirm the completed courses will be used toward the student's degree requirements at UB. I have advised the student that this coursework must be transferred back to UB prior to the next registration period.

_________________________________________  _______________________________________
Academic Advisor Name (please print)  Academic Advisor Signature  Date

_________________________________________  _______________________________________
Title  Email  Department

Revised 2/6/2015
**STEP 3 - HOST INSTITUTION SECTION** (Send this form to your host institution for completion)

1. Institutional cost of attendance for the consortium period: 

2. Cost of tuition only: 

3. Number of credit hours registered: 

4. Period of enrollment (in weeks): 

5. Start Date: 

6. End Date: 

Please read and sign the certification statements below:

- The host institution certifies that the student listed is enrolled for the period of attendance as indicated on the front of the Study Abroad Consortium Agreement.

- The host institution agrees that it will not pay the student a Pell Grant or any campus based funds, and that it will not certify any Direct Stafford loan during the period of attendance as indicated above. Furthermore, the host institution agrees to notify UB if the **student has withdrawn before the end of the period of attendance stipulated above**.

- UB agrees to accept the credits earned at the host institution to be used toward the student's degree requirements.

- UB also agrees to provide payments to the student, if eligible, for the financial aid programs listed in **Step 1**.

- UB also agrees to monitor the student's program pursuit and satisfactory academic progress and to be responsible for disbursing funds to the student and administering the appropriate refund policy as outlined below.

- **REFUND POLICY**: All financial aid will first be applied to the student's account at UB. Any funds remaining after any charges on the student's UB account are paid will be refunded directly to the student. **It is the student's responsibility to pay any outstanding charges incurred at the host institution.**

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Host Institution Certifying Official Name (Please Print)  

Host Institution Certifying Official Signature

Host Institution Certifying Official Title  

Host Institution Certifying Official Email Address  

Date

Host Institution Mailing Address:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Office of Financial Aid Processing

Certifying Official Signature

Date

Hours Registered at UB: 

Hours Registered at Host Institution: 

Budget: 

Tuition Only: 

Comments Noted in HUB: 

Other: 

Revised 2/6/2015