CONSORTIUM AGREEMENT FOR STUDENTS
PARTICIPATING IN A STUDY ABROAD
PROGRAM

INSTRUCTIONS: Sections one and two are to be completed by the
student and faxed to the Office of Student Financial Aid Services at the
University of Connecticut

NOTE: Student must meet all applicable eligibility requirements before
financial aid will be processed.

SECTION 1: Student Information

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<tr>
<th>Last Name</th>
<th>First Name</th>
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<thead>
<tr>
<th>Student ID</th>
<th>Telephone Number</th>
<th>Cell Phone Number</th>
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SECTION 2: Host Institution Information - To Be Completed By Student

This agreement is entered into between the University of Connecticut ("Home" Institution) and:

Host School/Institution: ____________________________
Address: ________________________________________
Name of Program Study: ____________________________
Program Address: _________________________________
Approximate Dates of Enrollment: ____________ to ____________
Telephone Number: ____________ FAX Number: ____________

Fax to Office of Student Financial Aid Services. Once received at OSFAS, this agreement will faxed to Host Institution by UConn

SECTION 3: To Be Completed By "Host" Institution

Length of Program (indicate in weeks or quarters):

Number of credits student is expected to earn upon completion of the program:

Cost of Program: Tuition & Fees $ ____________ Room & Board $ ____________ Books & Supplies $ ____________ Personal Expenses $ ____________ Airfare $ ____________ Local transportation $ ____________ Other $ ____________

Is the "Host Institution" providing the student with any financial assistance, i.e., grant, scholarship, employment, loan) for the term specified above? □ No □ Yes If yes, specify the amount: $ ____________

SECTION 4: Certification

• The "Host" institution certifies that the student listed has been accepted for enrollment in the program listed above.
• The "Host" Institution agrees to notify the "Home" Institution if the student withdraws from the program before its conclusion. Satisfactory conclusion of the program will be evidenced by academic transcript upon written request of the student.
• The "Home" Institution agrees to provide payment to the student, if eligible, under the programs listed above for the appropriate period of time. Payment will be made in such a manner as agreed to between the "Home" Institution and the student.

Signature for the "Home" Institution Date

Name (type or print clearly) ____________________________
Title ____________________________

Signature for the "Host" Institution Date

Name (type or print clearly) ____________________________
Title ____________________________

University of Connecticut
Student Financial Aid Services
233 Glenbrook Road Unit 4116
Storrs, CT 06269-4116

Fax Completed Form To: (860) 486-6629
Phone: (860) 486-2819
E-mail: financialaid@uconn.edu
Website: http://www.financialaid.uconn.edu

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