

2009 - 2010 Study Abroad Consortium Agreement Form

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.

STEP 1. Complete the Student Section:

Student Name (please print) _____

UB Person Number _____

I request a Study Abroad Consortium Agreement for the following semester. The agreement must be on file/processed by the corresponding census dates:

Summer 2009—must be on file/processed by July 1 **Fall 2009**—must be on file/processed by Sept. 11 **Spring 2010**—must be on file/processed by January 22

In order for Student Academic Records & Financial Services to process this request I acknowledge all the following:

➤ I have been granted permission from my Academic Advisor to (see STEP 2) attend the following host institution: _____

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

Course #: _____ Course #: _____ Course #: _____ 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 understand I am required to request an official transcript sent from the host institution to UB as soon as possible. Failure to provide an official transcript will possibly result in a checkstop/hold placed on my student account.
- I understand that the disbursement of funds from the 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.
- If I am registered for less than 6 hours at UB the financial aid will be applied to my student account at UB, and any refund from the Direct Loan and/or Federal Pell Grant will be sent directly to the Host Institution. Refunds from TAP, SEOG or Perkins Loans will be sent directly to the student. **If I am registered for 6 or more hours** at UB the financial aid will be applied to my student account at UB, and any refunds from Direct Loans, TAP, SEOG or Perkins Loans will be sent directly to the student. Federal Pell Grant refunds will be sent directly to the host institution. **It is my responsibility to pay any outstanding charges incurred at the host institution.**
- I understand I am responsible for maintaining Satisfactory Academic Progress (SAP) <http://src.buffalo.edu/glossary/satisfactoryacademicprogress.shtml>.
- I will be registered at UB for (check one): 6 or more hours less than 6 hours.

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

Student Signature _____

Date _____

STEP 2. See your UB Academic Advisor (MUST BE COMPLETED BEFORE STEP 3)

➤ The above named student has permission to take coursework at the following Host Institution: _____.

For the following semester: Summer 2009 Enrollment Period: From _____ To _____
 (check one) Fall 2009
 Spring 2010

- 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
- The student was advised to fill out a leave of absence form if not registered at UB. (excluding summer session)

Academic Advisor's Name (please print) _____

Academic Advisor's Signature _____ Title _____ E-mail _____

Department _____ Date _____

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 _____ End Date _____

Please read and sign the certification statements on page 2 of the Study Abroad Consortium Agreement.

STEP 4. Read and Acknowledge the Certification Statements

1. 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.
2. 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 a Direct Loan or Stafford Student 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 in section III.
3. UB agrees to accept the credits earned at the host institution to be used toward the student's degree requirements.
4. UB also agrees to provide payments to the student, if eligible, under the programs listed in section I.
5. 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 administer the appropriate refund policy.
6. **REFUND POLICY:** If the student is registered for less than 6 hours at UB the financial aid will be applied to the student account at UB, and any refund from the Direct Loan and/or Federal Pell Grant will be sent directly to the host institution. Refunds from TAP, SEOG or Perkins Loans will be sent directly to the student. **If the student is registered for 6 or more hours** at UB the financial aid will be applied to the student account at UB, and any refunds from Direct Loans, TAP, SEOG or Perkins Loans will be sent directly to the student. Federal Pell Grant refunds will be sent directly to the host institution. **It will then become the student's responsibility to pay any outstanding charges incurred at the host institution.**

Certifying Official Name _____ **Title** _____
(Host Institution) (please print)

Certifying Official E-mail Address _____
(Host Institution)

Certifying Official Signature _____ **Date** _____
(Host Institution)

Host Institution Mailing Address for Refund Checks:

Certifying Official (SFP) Signature _____ **Date** _____
(University at Buffalo)

Office Use Only	
File Complete Date	_____
Hours Registered at UB	_____
Hours Registered at Host Institution	_____
Budget	_____
EFC	_____
Noted on TU2	_____
Noted on SU2	_____
Other	_____
Processed by	_____

RETURN FORM TO:
Student Academic Records & Financial Services, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260-1631
(716) 645-2450, Toll free: 866-838-7257, FAX: (716) 645-7760, E-mail: src@buffalo.edu