BOSTON COLLEGE



CONSORTIUM AGREEMENT

(For study at another college/program)

While studying abroad, or through another college in the US, you may be eligible to receive federal and state financial aid. Federal regulations require that your "home" institution—the institution granting your degree—awards the financial aid. As your home institution, Boston College requires this completed Consortium Agreement, as well as all aid application requirements, in order to determine your eligibility for financial aid. A complete list of financial aid requirements can be found at www.bc.edu/undergradaid.

If you are studying away for one semester and will be enrolled at Boston College for the other semester, your financial aid eligibility will be determined for both semesters.

Undergraduate Students: If the Office of Global Education (OGE) has not approved your semester away, you must obtain Dean's permission in advance in order to be eligible to transfer the courses to your Boston College degree program. You do not have to obtain that permission if you are working with OGE.

Refunds: If the aid you receive for your study away is in excess of any BC charges, a refund will be available to you. Boston College is able to transfer funds to your personal bank account via direct deposit as long as you have previously set that up through My Services. When the funds arrive at Boston College, you can request the refund online through My Services at www.bc.edu/myservices. No refunds will be made to you until all funds are actually received at Boston College. In some cases, especially with Pell and state grants, funds may not be received until as late as two months after the beginning of the semester. If the Consortium School/Program requires payment prior to a refund being issued from Boston College, and if you are dependent upon these funds to pay your bill, you are responsible for making arrangements with the Consortium School/Program to have your bill covered.

| To Be Completed by the Student and Forwarded to the Non-Boston College Program | | | |
|---|---|--|--|
| Student Name: | Eagle ID Number: | | |
| Permanent Address: | Telephone Number: | | |
| Have you filed a 2024–2025 FAFSA? | When? | | |
| I will be in the following non-Boston College Program: | | | |
| I will be attending the non-Boston College program for: | 2024-2025 academic year2024 Fall semester only2025 Spring semester only2025 Summer session(s) | Consortium Agreement Deadline August 9, 2024 August 9, 2024 December 10, 2024 Dependent on program | |
| Will you be receiving financial aid from non-Boston College If yes, give sources and amounts: | | | |
| I certify that the above information is true and complete an | d that I will notify Boston College if any o | f this information changes. | |
| Student Signature | Date _ | | |

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| Name of Program: | | | |
|--|---|--|--|
| Program Address: | | | |
| Contact Person's Name | | Title: | |
| Telephone Number: (_ |) | | |
| Length of Program: In weeks | | Number of terms/semesters | |
| | Starting Date | Ending Date | |
| Enrollment Status: Less than half-time/Number of Credits Three-quarter time/Number of Credits | | Half-time/Number of Credits | |
| | | Full-time/Number of Credits | |
| Estimated Costs: | Tuition | Books and Expenses | |
| | Fees | Travel | |
| | Room and Board | Miscellaneous | |
| | TOTAL | | |
| Has this student sub | mitted an application for financial assistance | from your program? | |
| If yes, what is the sta | atus of this application? | | |
| Has any financial ass | sistance been awarded for this student? \square Ye | s 🗖 No | |
| If yes, describe and g | give amounts: | | |
| | Certif | ication | |
| The Consortium Scl | nool certifies that the student has been accept | ed to the above listed program. | |
| Loan, Federal SEOG | Grant, State Grant, or Federal Work-Study drifts the Boston College Office of Student Servi | tudent a Federal Pell Grant, Federal Nursing Loan, Federal Direct uring the above listed enrollment period. Further, the Consortium ices if it offers any financial assistance for the student's benefit for | |
| status or withdraws | from the program before its completion or if | e of Student Services if the student changes his/her enrollment any of the charges listed above change during the period of need by an academic transcript upon written request of the student. | |
| | be eligible for any of the aid programs listed a ailed refund procedures on reverse). | bove, Boston College agrees to provide payment as agreed upon with | |
| FOR BOSTON COLLE | GE: | FOR CONSORTIUM SCHOOL: | |
| Signature | | Signature | |
| Name and Title (please print) Name and Title (please print) | | Name and Title (please print) | |
| Date | | Date | |

Eagle ID No.: ____

Student's Name: _

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Please return this form and all appropriate documentation to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available at www.bc.edu/applyforaid. Please note that it takes 48–72 hours for your documents to be added to your financial aid file.