



DESALES UNIVERSITY

FORMAL CONSORTIUM AGREEMENT

The following agreement is to provide the legal basis required by the federal government for **DeSales University** to pay a Federal Pell Grant, Federal student loans, and/or campus-based aid to a student matriculated at **DeSales University**; but, studying abroad through another post-secondary institution.

DeSales University, the home institution, agrees to determine eligibility for and pay any Federal Pell Grant, Federal Student loans, and/or campus-based aid for:

_____, _____, for study with _____
Student Name Student ID# Host Institution Name
in conjunction with your _____ program for the academic period indicated below.
Name of Program

DeSales University agrees to accept credits taken through _____ by the above-
Host Institution Name
named student towards his/her Bachelor's degree requirements, provided the course work is completed satisfactorily as determined by the **DeSales University** Registrar. _____ agrees to provide a
Host Institution Name
transcript of the student's academic record to **DeSales University**, to notify the institution promptly in writing if the student withdraws from the program, and to not process any federal student aid for the student.

MORE ON BACK

TO BE COMPLETED BY THE HOST INSTITUTION:

Academic Period _____
Program start date _____
Tuition & Fees _____
Room _____
Board _____
Books and supplies _____
Personal _____
Approximate airfare _____

Other travel expenses _____
Other (please specify) _____

TOTAL ESTIMATED COSTS: _____

Financial Aid Office address:

Telephone# _____
Email address _____

Program ending date _____

Student Enrollment
(current or expected for the academic period)
Full Time _____
Half Time _____
Less Than Half Time _____

Institutional Award (if any) _____

Business Office address:

Telephone# _____
Email address _____

Agreement to the above is acknowledged by the undersigned:

Financial Aid Officer Signature
HOME INSTITUTION: DeSales University

Financial Aid Officer/Authorized Official Name

Financial Aid Officer Signature
HOST INSTITUTION: _____

Financial Aid Officer/Authorized Official Name

RETURN TO:
DeSales University
Office of Financial Aid
2755 Station Avenue
Center Valley, PA 18034-9568
Phone: 610-282-1100 ext 1287
Fax: 610-282-0131