



# CONSORTIUM AGREEMENT FOR STUDY ABROAD

## Academic & Financial Aid Verification

**2023 - 2024**

~ Between ~

Home School: Brigham Young University–Hawaii

And

Host School:

**Section I: To be completed by the student**

Name: \_\_\_\_\_ CES Net ID: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ BYUH Student ID Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Campus/Local Phone: (\_\_\_\_) \_\_\_\_\_  
 Consortium Term (mark all that apply): Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**Statement of Authorization:**

I agree to:

- Submit this form to Brigham Young University–Hawaii and to my Host School for completion.
- Inform Brigham Young University–Hawaii immediately if I choose not to enroll or otherwise cancel my participation in this program.
- Allow Brigham Young University–Hawaii and my Host School to share information relating to my enrollment and financial aid eligibility.
- Maintain satisfactory academic progress.
- Transfer credits earned from study abroad program to Brigham Young University Hawaii upon completion.

Student Signature: \_\_\_\_\_

I understand that:

- No funds will be disbursed until this form has been completed by myself, the Host School, and Brigham Young University–Hawaii.
- Any balance owed Brigham Young University–Hawaii must be satisfied prior to any financial aid funds being released and disbursed into my BYUH Student Account.
- I am responsible for any payment due to my Host School prior to the start of classes as my funds cannot, under any circumstance, be released prior to the disbursement date of the applicable semester.
- I will be charged a \$150 tuition fee to my BYUH Student Account.

Date: \_\_\_\_\_

**Section II: To be completed by the Host School**

Enrollment Dates at Host School: \_\_\_\_/\_\_\_\_/20\_\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Enrollment status while at Host School: \_\_\_\_ <1/2 time \_\_\_\_ ½ time \_\_\_\_ ¾ time \_\_\_\_ Full time  
 Host School Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: ( ) - \_\_\_\_\_ Fax#: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Cost of Attendance for enrollment period stated above: \_\_\_\_\_ Address which funds are to be sent:  
 Tuition & Fees: \_\_\_\_\_ Address: \_\_\_\_\_  
 Residence: \_\_\_\_\_ City: \_\_\_\_\_  
 Dining: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Books & Supplies: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Travel Allowance: \_\_\_\_\_ Check should be made payable to: \_\_\_\_\_  
 Personal Living Allowance: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Are you a US Dept. of Education Title IV institution? \_\_\_\_  
 If yes. Title IV code is: \_\_\_\_\_

The Host School:

- Has accepted this student in a transient/ visiting status in an academic program that is considered part of the host school’s FSA eligible programs. This attestation does not mean that the host school has determined that the student has met all the requirements to receive federal aid, only that each course within the applicable program is acceptable for credit toward a degree offered by the host school.
- Agrees not to process or award any Federal Title IV aid for this student.
- Agrees to inform Brigham Young University–Hawaii, upon request, of the student’s enrollment status and any change in enrollment status for the semester/ year.
- Agrees to inform Brigham Young University–Hawaii, upon request, of any student aid that is received by the host school for the student during her specified period of enrollment.
- Will submit completed form to Brigham Young University–Hawaii Financial Aid via email @ financialaid@byuh.edu

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CONSORTIUM AGREEMENT SUPPLEMENT ACADEMIC VERIFICATION FOR STUDY ABROAD

2023 - 2024

### Section III: To Be Completed By Student

Name: \_\_\_\_\_

CES Net ID: \_\_\_\_\_ BYUH Student ID: \_\_\_\_\_

Host Institution: \_\_\_\_\_

Dates at Host Institution: \_\_\_\_\_ to \_\_\_\_\_

Student Signature: \_\_\_\_\_

### Section IV: To Be Completed By Academic Advisor or Department Head

1. Please list below all courses the student identified above plans to complete at the host institution.

Course Name:	Credit Hours:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Please sign below verifying that the courses the student plans to complete at the host institution will be accepted as part of their degree program at the Brigham Young University and have advised the student that this coursework must be transferred back to BYUH prior to the next registration period.

\_\_\_\_\_  
Academic Advising Date

\_\_\_\_\_  
Vice President of Academics Date

\_\_\_\_\_  
Registrar's Office Date



# CONSORTIUM AGREEMENT SUPPLEMENT ACADEMIC VERIFICATION FOR STUDY ABROAD

2023 - 2024

**Section V: To be completed by the Home School.**

Name: \_\_\_\_\_ BYUH Student ID#: \_\_\_\_\_

Award Name: \_\_\_\_\_ Amount: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Aid Eligibility \$ \_\_\_\_\_

Under this consortium agreement, the Home School:

- Agree to process the student’s Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
- Will make available applicable student consumer information required under Title IV.
- Certifies that the student is making satisfactory academic progress toward the completion of this or her degree, certificate or recognized credential at the Home School.
- Will calculate returns of Title IV funds, when appropriate.
- Will maintain Title IV record keeping and reporting requirements.
- Agrees to consider this student enrollment in an eligible program of study at the Home School.
- Determines eligibility for financial aid based on the cost of attendance at the Host School.
- Will maintain all records in accordance with federal regulations.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: [financialaid@byuh.edu](mailto:financialaid@byuh.edu)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_