



CONSORTIUM AGREEMENT SUPPLEMENT ACADEMIC VERIFICATION FOR STUDY ABROAD

2019 - 2020

~ Between ~

Brigham Young University - Hawaii

And

(HomeSchool)

(HostSchool)

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.

I understand that:

- No funds will be sent to my Host School 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 to my Host School.
- 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 date my classes begin.

I understand that I will be charged a \$150 tuition fee to my Brigham Young University Hawaii student account.

Student Signature: _____

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 ____ 1/2 time ____ 3/4 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.

Authorized Signature: _____

Date: _____



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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 Department Head

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

Couse 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 Advisor	Date
_____	_____
Chair/Faculty	Date
_____	_____
Vice President of Academics	Date
_____	_____
Registrar's Office	Date



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Section IV: 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

Authorized Signature: _____ Date: _____