



Study Abroad Consortium Agreement

Return form to: Office of Financial Aid

Bluefield College

3000 College Avenue

Bluefield, VA 24605

Email: bccentral@bluefield.edu

Last Name: _____ First Name: _____ MI: _____ Student ID#: _____

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- Student Section

A: I request a Study Abroad Consortium Agreement at the following institution for the following semester(s).

Host Institution: _____ Semester: _____

B: In order to process this request, I acknowledge all of the following:

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

Course#: _____ Course#: _____ Course#: _____ Course#: _____

Course#: _____ Course#: _____ Course#: _____ Course#: _____

- The courses I have required to take will be transferred back to Bluefield College to be used toward degree requirements.

- I am required to request an official transcript sent from the host institution (listed in **A** above) to Bluefield College as soon as possible. Failure to provide an official transcript will possibly result in a hold placed on my student account.

- The disbursement of funds from Bluefield College 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.

- All financial aid will first be applied to my student account at Bluefield College. Bluefield College will arrange payment with the host institution for changes related to instructional costs (tuition), room and board.

- I am responsible for paying Bluefield College tuition for the semester. If the instructional cost of the host institution which I will be attending is greater than the College’s semester tuition, I am responsible for this incremental cost, as well. I will also pay the College whatever the room and board costs are at the host institution.

- I am responsible for maintaining Satisfactory Academic Progress (SAP).

I have read and understand the above statements and request that Bluefield College process my Study Abroad Consortium Agreement.

Student Signature: _____ Date: _____

STEP 2 – HOST INSTITUTION SECTION (Send this form to your host institution for completion)

- 1. Tuition Cost: _____
- 2. Room Cost: _____
- 3. Board Cost: _____
- 4. Number of credit registered: _____
- 5. Period of enrollment (in weeks): _____
- 6. Start Date: _____
- 7. End Date: _____

Please read and sign the certification statements below:

- 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.
- The host institution agrees that it will not pay a student a Pell Grant or any campus based funds, and that it will not certify any Direct Stafford loan during the period of attendance as indicated above. Furthermore, the host institution agrees to notify Bluefield College if the **student has withdrawn before the end of the period of attendance stipulated above.**
- Bluefield College agrees to accept the credits earned at the host institution pending approval of the courses by the Registrar and Academic Advisor at the home institution.
- Bluefield College also agrees to provide payments to the student, if eligible, for the financial aid programs listed in **Step 1** provided financial aid is greater than tuition, room, and board.
- Bluefield College also agrees to monitor the student’s program pursuit and satisfactory academic progress and to be responsible for disbursing funds to the student and administering the appropriate refund policy as outlined below.

Host Institution Certifying Official Name (Please Print)

Host Institution Certifying Official Signature

Host Institution Certifying Official Title

Host Institution Certifying Official Email Address

Date

Host Institution Mailing Address:



Bluefield College Office of Financial Aid Processing

Certifying Official Signature

Hours Registered at Bluefield College: _____

Date

Hours Registered at Host: _____