



Consortium/Contractual Agreement for Foreign Study (Study Abroad)

THE CATHOLIC UNIVERSITY OF AMERICA
Office of Financial Aid

If you are a degree-seeking student at Catholic University and are planning on attending a foreign institution for which you expect to transfer academic courses for credit towards your current CUA degree and you wish to be considered for federal aid, you must complete a Consortium/Contractual Agreement for Foreign Study.

FOLLOW THESE STEPS TO RECEIVE FINANCIAL AID:

1. All **three** sections of the attached Consortium/Contractual Agreement must be completed. The CUAbroad Office completes Section I and then sends the form to the host school for completion of Section II. After Sections I and II are completed, CUA's Office of Financial Aid will complete Section III. Allow at least four weeks prior to the beginning of your program for completion of this agreement.
2. Submit the appropriate years Free Application for Federal Student Aid (www.fafsa.ed.gov) to the federal processor as listed below, if you have not already done so.
3. Send the Office of Student Financial Aid verification of your enrollment (i.e. copy of schedule) and the number of registered credit hours at the host institution or arrange to have the host institution confirm your registered classes in writing to our office. Confirmation of enrollment must be received **before** any funds will be released. **If we do not receive this document, you will be responsible for clearing your fees with the host institution to avoid cancellation of classes and/or late fees.** Funds will be released in accordance with Catholic University's disbursement schedule. You must notify the Office of Student Financial Assistance of any changes in your enrollment status, including withdrawing from any or all courses.

Failure to complete this Consortium/Contractual Agreement will prevent the release of financial aid funds.

***Note:** Catholic University scholarships can only be used for study abroad programs that are considered eligible by CUAbroad Office. Contact the CUAbroad Office for information.

SECTION I – To be completed by CUAbroad

Student Name _____ SSN _____
(print)

CUA Email Address _____@cardinalmail.cua.edu

Name of Host Institution (Study Abroad Organization) _____

Contact Person _____

Address _____

Business Phone _____ FAX _____

Student is approved for _____ credit hours at above institution

The CUAbroad Office certifies that we have verified with the appropriate academic official/office that the number of credits indicated above will be applicable (transferable) toward completion of the student's current certificate or degree program. The transferability of credits is still dependent on the student receiving a minimum acceptable grade as determined by the appropriate academic official/office.

CUAbroad approving official _____
(print name)

Signature _____ Date _____

SECTION II – To be completed by the Host School or Study Abroad Agency

Student Name _____ SSN _____

Program Cost of Attendance:

Tuition and Fees \$ _____

Room and Board \$ _____

Books and Supplies \$ _____

Transportation \$ _____

Miscellaneous \$ _____

Total \$ _____

Enrollment Dates (month/day/year)

From _____ To _____

Enrollment Period (circle one)

Quarters Semesters Other (please explain)

Enrollment Status

Total number of hours enrolled _____

Fees must be cleared by _____

Financial Aid Proceeds To Be Mailed To:

Host Institution/organization _____

Address _____

City, State, Zip Code _____

The student wishes to use financial aid and/or scholarships to help cover the cost of attendance during this transient term. To facilitate the registration process, Catholic University will consider the student enrolled in an eligible program of study, will calculate award, and upon disbursing financial aid send funds to host institution. The host institution agrees to notify Catholic University if the student fails to register, reduces the number of enrolled credits, or withdraws from classes. Catholic University agrees to handle any refunds and/or repayments to the Title IV programs resulting from the student's withdrawal from classes and to monitor Satisfactory Academic Progress, according to its established policies.

The contents of this agreement comply with all pertinent federal, state, and university regulations, policies and procedures. The statement will verify that the student has permission to register as a transient student at the host institution and that the student will receive credit toward a degree from Catholic University.

Signature _____ Date _____

School _____ Title IV School Code _____

Print Name _____

Address _____

Title _____

City _____ State _____ Zip Code _____

E-mail Address _____

Phone _____

SECTION III – To be completed by Catholic University Office of Financial Aid

Student Name _____ SSN _____

The student listed on this agreement is a degree-seeking student at Catholic University. However, the student will be a transient student at _____ during the _____ semester/quarter of the 20_____ academic year.

Catholic University Cost of Attendance:

Tuition and Fees \$ _____
 Room and Board \$ _____
 Books and Supplies \$ _____
 Transportation \$ _____
 Miscellaneous \$ _____
 Total \$ _____

Phone _____

Signature

Title **Date**

Print Name

E-mail Address

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL	FAX	IN-PERSON
The Catholic University of America McMahon Hall, Room 6 620 Michigan Avenue, NE Washington, DC 20064	202-319-5573	McMahon Hall Room 6

OFFICE OF FINANCIAL AID USE ONLY

Date Received	Date Processed	Initials