

MARLBORO COLLEGE CONSORTIUM/CONTRACTUAL AGREEMENT

As Allowed in Part 668.19, Student Assistance General Provisions, and Part 690.9(a)(1);(2), Pell Grant Program, Code of Federal Regulations, this Consortium/Contractual Agreement is entered between the institutions listed below for the purposes of providing federal financial assistance to the named student.

This completed document must be approved by the Marlboro College Financial Aid Office before the start of instruction and before Marlboro College will authorize or disburse any financial aid funds for the period of study in question.

Section 1: To Be Completed by the Student

This agreement is entered between _____ (the HOST institution) and **Marlboro College** (the HOME institution) for study in _____ (Country).

Name of Student: _____ Current class standing: _____ (ie: JR1)

First Day of Instruction _____ Last Day of Instruction or Exams _____

I, _____, understand that my eligibility for federal financial aid funds is based on my enrolling in no more and no fewer classes than approved in this agreement and in my *in absentia* application. I also understand I must obtain authorization from the Marlboro College Registrar for successfully completed credits from the specified institution to transfer to Marlboro College, and that this authorization is a necessary prerequisite of my eligibility for receiving any Title IV funds for the period in question. I further understand that if my enrollment falls below the number of credits approved, my eligibility may be reduced and funds may have to be refunded.

I also understand that I must request an official transcript from the Host Institution to be sent to the Registrar at Marlboro College. If the transcript is coming from a foreign (non-U.S.) institution, I must have the transcript evaluated by an official evaluation organization. The deadline for the Registrar's office to receive this transcript is the federal end of term for the term subsequent to my absentia (for example, if on absentia in Fall 2009, transcripts must be received by the end of Spring 2010 term).

Student Signature

Date

Section 2: To Be Completed by the Host Institution

Program start date: _____, program end date: _____

Total number of anticipated credit hours: _____

Weeks per term _____ Contact hrs per week _____ # hrs in a full program _____

Student's anticipated enrollment status: _____

Cost of program for the term dates above:

Tuition	\$ _____	Applicable Fees	\$ _____
Room	\$ _____	Miscellaneous Expenses	\$ _____
Board	\$ _____	Personal Expenses	\$ _____
Travel (round trip airfare)	\$ _____		

TOTAL ALL EXPENSES \$ _____

Will the student receive any aid (i.e., travel grant, special scholarship) from the HOST institution for the terms listed above?

Yes

No

If yes, please list type and amount: _____

Amount Student Owes Your Institution \$ _____ (If not U.S. dollars, specify currency used and amount).

The HOST institution certifies that the student named above has been accepted for enrollment in the program.

The HOST institution agrees not to pay the student Pell Grant and/or campus-based funds, state grant, institutional funds, or process a federal student loan during the enrollment period listed above.

The HOST institution agrees to notify the HOME institution if the student withdraws from the program before its conclusion, has any other change of enrollment or if there are any changes to the student's cost of attendance.

The HOST institution agrees to provide a transcript of the student's academic record to the HOME institution.

The HOME institution agrees to provide financial aid to the student, if eligible, under the programs listed above for the appropriate enrollment period. Payment will be made in such a manner as agreed to between the HOME institution and the student.

The HOME institution agrees to monitor the student's program pursuit and satisfactory academic progress and to be responsible for disbursing funds for the benefit of the student and administering any appropriate refund policy.

HOST INSTITUTION

Name of Institution

Signature of Authorized Individual

Street

Printed or typed name

City, State, Postal Code

Title

Country

Phone Number

Please return to: Office of Financial Aid
Marlboro College
P.O. Box A
Marlboro, VT 05344-0300
USA

Fax Number and email

Section 3: To Be Completed by the Marlboro College Financial Aid Office

Marlboro College agrees to the terms stated in this agreement and authorizes release of financial aid funds for the stated period of attendance as follows:

Federal Pell Grant \$ _____
Federal Subsidized Stafford Loan \$ _____
Federal Unsubsidized Stafford Loan \$ _____
Federal PLUS Loan \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

Marlboro College Tuition and Fees:
for the Academic Year: 20____ - 20____.
Tuition: \$ _____
Student Activities Fee: \$ _____
Comprehensive Health Fee \$ _____
Room and Board \$ _____

Marlboro College Financial Aid Signature

Title

Print Name

Date

Section 4: To Be Completed by the Marlboro College Registrar

This student has been approved in absentia status # _____ in accordance with the course load and timeframe specified in this consortium/contractual agreement. Successfully completed, approved academic work will transfer and count towards the student's degree requirements if all other College requirements have been met and if grades of (or equivalent to) C- or better are achieved.

Signature

Date