



## CONSORTIUM / CONTRACTUAL AGREEMENT BETWEEN

<b>Olin College of Engineering (03946300)</b>	and	
(Home School)		(Host School)

The Home School and the Host School listed above are hereby entering into a consortium agreement.

Section I – To be completed by the student			
Name:	Olin Student I.D.:		
Name of Host School:	Phone Number:		
Name of Host School's Financial Aid Contact for Study Abroad:	Email Address for Financial Aid Contact:		
Academic Year/Consortium Period:                    -	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester		
<b>Under this agreement, the student will:</b>			
<ol style="list-style-type: none"> <li>1. Be enrolled in a degree program at Olin College.</li> <li>2. Maintain satisfactory academic progress.</li> <li>3. Take courses at the Host School which are transferable to their Olin College degree, as certified by their Olin College academic advisor.</li> <li>4. Notify the Olin College if they do not begin attendance in the courses listed in Section II of this agreement.</li> <li>5. Immediately inform Olin College and the Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.</li> <li>6. Ensure that the Host School provides Olin College with an academic transcript upon completion of the consortium period.</li> <li>7. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.</li> <li>8. Pay tuition, fees, and other expenses as charged by Olin College and/or the Host School.</li> </ol>			
Student's Signature:	Date:		
Section II – To be completed by Olin College Study Away Coordinator			
Number of credit hours the student is taking at the Host School:			
Student's enrollment status while at the Host School: <input type="checkbox"/> Full-time <input type="checkbox"/> Three-quarter time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time			
List the individual course(s) and credits the student is (will be) taking at the Host School that are applicable to his/her academic program at Olin College:			
<b>Course</b>	<b>Credits</b>	<b>Course</b>	<b>Credits</b>
_____	-	_____	-
_____	-	_____	-
_____	-	_____	-
<b>Under this agreement, Olin College:</b>			
<ol style="list-style-type: none"> <li>1. Certifies that the student is enrolled in a degree program at Olin College.</li> <li>2. Agrees to accept the coursework (or equivalent) listed above from the designated Host School toward the completion of the student's degree requirements.</li> </ol>			
Coordinator's Signature:		Date:	
Printed Name:			

**Section III – To be completed by Olin College financial aid****Under this agreement, Olin College:**

1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Certifies that the student is making satisfactory academic progress toward the completion of his/her degree at Olin College.
4. Olin College Registrar will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Will calculate returns of Title IV funds, when appropriate.
6. Will maintain Title IV recordkeeping and reporting requirements.

Olin College Financial Aid Officer's Signature:

Printed Name:

Date:

Email Address:

Phone Number:

**Section IV – To be completed by the Host School financial aid office OR appropriate office as designated**

Will the student receive financial aid at your institution?

 Yes NoType & amount of aid from the  
Host School:**Type****Amount**

\$

\$

\$

Enrollment period dates: From:

to:

Number of credits student is enrolled for:

Student's enrollment status:

 Full-time Three-quarter time Half-time Less than half-time

Tuition &amp; fees:

\$

Room &amp; board: \$

Books &amp; supplies:

\$

Transportation: \$

Misc. personal expenses:

\$

Other (specify): \$

Financial Aid Contact at the Host School:

Name:

Phone Number:

Email Address:

Address:

**Under this agreement, the Host School:**

1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.
2. Will make available applicable student consumer information required under Title IV.
3. Will provide Olin College with documentation of the student's enrollment at the Host School.
4. Agrees to notify Olin College if the student fails to enroll in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).
5. Will provide Olin College with a Host School academic transcript upon request of the student and completion of the consortium period.

Host School Financial Aid Officer's Signature:

Printed Name:

Title:

Email Address:

Date:

Phone Number:

Return this form to  
Olin College  
Office of Admission and Financial Aid  
[finaid@olin.edu](mailto:finaid@olin.edu) or fax to 781-292-2210