



2023-2024 Study Abroad Consortium Agreement

Student Name: _____ MBU ID: _____

MBU Email: _____

Study Abroad Program: _____

Dates of Program: From: _____ To _____

Host School Contact & Address: _____

TO BE COMPLETED BY FINANCIAL AID OFFICE OF HOST SCHOOL

Cost of Attendance

Tuition and Fees: _____

Room and Board: _____

Books and Supplies: _____

Airfare: _____

Local Transportation: _____

Required Insurance: _____

Misc. Personal: _____

Other: _____

TOTAL: \$ _____

Enrollment Status

_____ 12+ Hours per term

_____ 9-11.5 Hours per term

_____ 6-8.5 Hours per term

_____ 1-5.5 Hours per term

Institutional Aid

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

Academic Calendar: First day of instruction: _____ Last day of exams: _____

CERTIFICATION

The home school, Mary Baldwin University, agrees to provide payment to the above named student, if eligible, under federal Title IV programs, as appropriate for the terms specified above. Payment will be sent directly to the host school upon receipt of invoice from host school.

The host school, _____, agrees not to provide payments from any federal title IV program for the term specified above, and further agrees to notify the home school's financial aid officer of the student's eligibility for a refund payment due to a change in enrollment status or the student's withdrawal from all classes prior to the conclusion of the specified terms. The host school agrees to invoice the Business Office, Mary Baldwin University, P.O. Box 1500 Staunton, VA 24402, for payment of the program directly to the host school.

Office of Financial Aid & Student Employment,
Mary Baldwin University
Signature _____
Printed Name & Title _____

Date _____

Office of Financial Aid,
_____ (host school)
Signature _____
Printed Name and Title _____

Date: _____