



Student Financial Services  
 Massachusetts Institute of Technology  
 77 Massachusetts Ave., Room 11-320  
 Cambridge, MA 02139  
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 (617) 253-4971

# Financial Aid Consortium Agreement

## 2016-2017 Academic Year

A Financial Aid Consortium Agreement must exist before a home institution can provide federal funds to be used at a host institution. Therefore, the two institutions named below herein enter a Consortium Agreement for:

Student's Name \_\_\_\_\_ Last four digits of SSN XXX-XX-\_\_\_\_\_

Institutions: Home Institution **Massachusetts Institute of Technology**  
 Host Institution \_\_\_\_\_

**Enrollment (check all that apply):**

- 2016 fall semester                       2017 spring semester

### TO BE COMPLETED BY THE HOST INSTITUTION

**Enrollment Data:**

*Status:*             Full time                       3/4 time  
                        Half time                       Other

*Dates:*            Starting: \_\_\_\_\_  
                       Ending: \_\_\_\_\_

**Estimated Cost of Attendance\*:**

Amounts should be reported in the host country's local currency.

Tuition and fees	_____
Room	_____
Meals	_____
Books and personal	_____
Other	_____
<b>Total</b>	_____

\* MIT reserves the right to adjust the Cost of Attendance to reflect MIT's study abroad budgeting policy.

Please complete if student is receiving funding from the Host Institution.

**Financial aid:** Grant amount \$\_\_\_\_\_ Loan amount \$\_\_\_\_\_ Work amount \$\_\_\_\_\_

### CERTIFICATION

The Home Institution will consider the student to be enrolled in an eligible program of study, and will award and disburse financial aid under the Federal Pell Grant, Federal Stafford Loan and/or campus-based programs for the term(s) above. These awards will be disbursed, for the appropriate time period, once enrollment is confirmed and the student's file is complete. Additionally, the Home Institution will be responsible for compliance with established Title IV programs and policies including the responsibility of determining refunds and/or repayments resulting from the student's withdrawal from classes.

The Host Institution agrees not to provide the above-mentioned federal funds to the student for the term(s) above and further agrees to notify the Home Institution of any changes to the student's enrollment status.

**SIGNATURE:** \_\_\_\_\_  
 Host Institution Financial Aid Officer                      Print Name                      Email Address                      Date

**Please return to: MIT Student Financial Services, 77 Massachusetts Avenue, room 11-320, Cambridge, MA 02139**