

Mary Baldwin College

INFORMAL CONSORTIUM AGREEMENT

Office of Financial Aid & Student Campus Employment
Staunton, VA 24401

Telephone (540) 887-7022
FAX (540) 887-7229

Student Name: _____ ID#: _____

Study Away Program: _____

Dates of Study Away Program: From _____ To _____

Host School, Contact and 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	_____
Miscellaneous Personal	_____
Other:	_____
_____	_____
_____	_____

ENROLLMENT STATUS:

_____ 12+	Hours per term
_____ 9-11	Hours per term
_____ 6-8	Hours per term
_____ 1-5	Hours per term

INSTITUTIONAL AID:

_____ \$ _____

TOTAL: \$ _____

TOTAL: \$ _____

ACADEMIC CALENDAR: First day of instruction: _____

Last day of exams: _____

CERTIFICATION:

The home school, Mary Baldwin College, 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 College, Staunton, VA 24401, for payment of the program directly to the host school.

**Office of Financial Aid & Student
Campus Employment**

Office of Financial Aid
_____, **Host School**

Signature/Financial Aid Officer

Signature/Financial Aid Officer

Printed Name and Title

Date: _____

Printed Name and Title

Date: _____