



Section III: To be completed by the Home School. (Section I & II must be completed first.)

Name: \_\_\_\_\_

BYUH Student ID#: \_\_\_\_\_

Approval Financial Aid & Scholarship:

Award Name:

Amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Aid Eligibility \$ \_\_\_\_\_

Under this consortium agreement, the Home School:

- Agree to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
- Will make available applicable student consumer information required under Title IV.
- Certifies that the student is making satisfactory academic progress toward the completion of this or her degree, certificate or recognized credential at the Home School.
- Will calculate returns of Title IV funds, when appropriate.
- Will maintain Title IV record keeping and reporting requirements.
- Agrees to consider this student enrollment in an eligible program of study at the Home School.
- Determines eligibility for financial aid based on the cost of attendance at the Host School.
- Will maintain all records in accordance with federal regulations.

Printed Name: \_\_\_\_\_

Title: Financial Aid Counselor

Email Address: [financialaid@byuh.edu](mailto:financialaid@byuh.edu)

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Consortium Agreement Supplement Academic Verification for Study Abroad/Consortium

Please have this form completed in full. Return this form along completed Consortium Agreement.

Section IV: To Be Completed By Student	
Name: _____	
CES Net ID: _____	BYUH Student ID: _____
Host Institution: _____	
Dates at Host Institution: _____ to _____	
_____ Student Signature	

Section V: To Be Completed By Department Head	
1. Please list below all courses the student identified above plans to complete at the host institution.	
Couse Name:	Credit Hours:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
2. Please sign below verifying that the courses the student plans to complete at the host institution will be accepted as part of their degree program at the Brigham Young University and have advised the student that this <u>coursework must be transferred back to BYUH prior to the next registration period.</u>	
_____ Academic Advisor	_____ Date
_____ Vice President of Academics	_____ Date
_____ Registrar's Office	_____ Date