



ALABAMA A&M UNIVERSITY

Office of Student Financial Aid
Study Abroad / Consortium Agreement
Return to: Alabama A&M University
Office of Student Financial Aid
Post Office Box 907, Normal, Alabama 35762
Telephone: (256) 372-5400 Fax: (256) 372-5407
email: financialaid@aamu.edu

Student Name (Please Print): _____ AAMU Student ID: _____
Host School ID: _____ Date of Birth: _____
Address: _____ City/State/Zip: _____
Home Phone Number: () _____ Cell Phone Number: () _____

Name of Host Institution: _____

For the purpose of allowing transient student _____, to receive financial aid from Alabama A&M University (The Home Institution).

The above transient student will enroll at the Host Institution for the term listed below (to be completed by the Host Institution):

Term of Enrollment _____ Credit Hours Enrolled _____ Credit Hour Level: Undergraduate Graduate
Term beginning and ending dates: _____ to _____
Tuition: \$ _____ Room and Board: \$ _____ Books: \$ _____ Other costs: \$ _____
Total Cost of Attendance of the above program and term: \$ _____

**The Home Institution (Alabama A&M University) agrees and certifies that:

- 1. It is an eligible institution.
2. The above named student is a regular student enrolled in an eligible degree program and is making satisfactory progress toward a degree.
3. It will determine the student's eligibility for financial aid.
4. It will award and disburse any aid it is able to disburse.
5. It will accept, for credit, relevant courses satisfactorily completed at the Host Institution.

**The Host Institution agrees and certifies that:

- 1. It is an eligible institution as defined by the Department of Education.
2. It will not process any financial assistance during the term specified.
3. It will monitor enrollment and notify Alabama A&M University's study abroad / consortium agreement contact person should this student not complete the above named program on at least a half-time basis.

For Alabama A&M University (Home) Institution:

Name: _____
Title: _____
Address: _____
Phone: _____
Signature & Date: _____

For the Host Institution:

Name: _____
Title: _____
Address: _____
Phone: _____
Signature & Date: _____

Student Certification and Signature: I certify that all of the information on this form is complete and correct.
Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both. The law states that AAMU has the right to ask you for information and request additional documentation before you are awarded any financial aid. See the instructions in the Free Application for Federal Student Aid (FAFSA). AAMU must review the requested information (C.F.R. Title 34, Part 668, the student financial aid program rules).

**Student's Signature: _____ Date: _____