

College of San Mateo Study Abroad Consortium Agreement

Financial Aid Office

1700 W. Hillsdale Blvd, San Mateo, CA 94402

(650) 574-6146 Main (650) 574-6304 FAX

CONSORTIUM AGREEMENT

College of San Mateo (**HOME**) and _____ (**HOST**)

The purpose of the agreement is to allow College of San Mateo students to enroll in transferable coursework at _____ AND receive financial aid for those units at College of San Mateo during an approved Study Abroad program. The College of San Mateo Financial Aid Office will include the units from such transferable courses in determining the enrollment status of College of San Mateo /SMCCCD students.

College of San Mateo is the **HOME** college and will process all federal financial aid during the semester for which this agreement applies. The allowable costs of attendance at College of San Mateo will be used to calculate Title IV federal student financial eligibility for students under this Consortium Agreement.

Both College of San Mateo and the HOST college are eligible for Title IV funding under the Higher Education Act of 1965, as amended.

In order to benefit from this agreement, a student must:

1. Be admitted to College of San Mateo /SMCCCD colleges;
2. Have an approved financial aid package at College of San Mateo, the **HOME** campus;
3. Be enrolled in at least six (6) units at College of San Mateo during the semester for which this agreement applies;
4. Receive pre-approval from the SMCCCD Study Abroad Program that the course(s) at the HOST college are part of the approved student abroad program curriculum.

HOST COLLEGE

COLLEGE OF SAN MATEO
HOME COLLEGE

Financial Aid Director or Designee Signature

Financial Aid Director Signature

Printed Name

Claudia Menjivar
Printed Name

Date

Date

**College of San Mateo Study Abroad Consortium Agreement
(To be completed by student)**

_____ Semester _____
Term Academic Year

Student Name _____ CSM /SMCCCD Student ID# _____

HOST College: _____ Host college student ID# _____

Total unit enrollment at **HOST** college for the above semester: _____

Total unit enrollment at College of San Mateo/SMCCCD for the above semester: _____

Total Units: _____

HOST college course information:

COURSE NAME	COURSE NUMBER	NUMBER OF UNITS

Student Agreement:

1. I understand I must be enrolled in at least six (6) units at College of San Mateo/SMCCCD in order to be eligible for financial assistance under a Consortium Agreement.
2. I understand my transferable coursework listed above will be used to establish my enrollment status at College of San Mateo for the period above.
3. I understand that verification of my enrollment in the above listed classes will be confirmed with the SMCCCD Study Abroad Program and College of San Mateo prior to receiving financial assistance.
4. I understand while enrolled concurrently at College of San Mateo and the HOST college, I may receive financial aid **ONLY** at College of San Mateo.
5. This agreement applies only to the courses as part of an SMCCCD Study Abroad Program.
6. **I agree to submit a copy of my final grade report from the HOST college and that my subsequent financial aid disbursement(s) may be delayed pending review of my final grades from the HOST college.**
7. I understand **failure to meet any part of this agreement** could result in repayment of funds advanced to me for enrollment at the home institution for the above specified award period.

Student Signature: _____ Date: _____