



Office of International Studies

APPLICATION FOR INDIVIDUAL STUDY ABROAD FINANCIAL AID CONSORTIUM AGREEMENT

Metropolitan State College of Denver (MSCD) wishes to enter into a consortium agreement with the Host Institution, _____, for the purpose of allowing the student to benefit from financial aid programs while enrolled abroad.

SECTION I-STUDENT INFORMATION

Student Name: _____ MSCD ID #: _____

Permanent Address: _____

Phone #: _____ Email: _____

Dates of Enrollment at MSCD: (start) _____ to (expected graduation) _____

GPA: _____ Completed Course Hours: At Metro _____ As Transfer _____

Student Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Term(s) of Consortium/ Planned Study Abroad Term(s): ☐ Fall ☐ Spring ☐ Summer Year: _____

Program Provider Name: _____

Fax: _____ Phone: _____ Email: _____

Program Location: _____

This is to certify that I am in a degree, licensure, or certificate of completion program at Metropolitan State College of Denver (MSCD) and meet the criteria to be enrolled in a study abroad program. I understand that I must notify the Office of Financial Aid at MSCD if I do not enroll as planned, and I accept the responsibility for payment obligations at the host institution.

Student Signature: _____

Date: _____

SECTION II- PROGRAM PROVIDER/HOST INSTITUTION INFORMATION

Organization Name: _____

Representative Name: _____ Title: _____

The Host institution/Program Provider agrees to:

✓ Accept this student in a visiting status

✓ Provide information on cost of attendance, course content and transcripts.

✓ Accepts payment for the approved financial aid to be applied toward the direct education charges.

✓ Refund any unused balances to the student in accordance with its policies

✓ **Notify the Financial Aid Office & Office of International Studies at MSCD if the student fails to enroll or drops any courses**

Cost of Attendance: *Please provide exact amounts. If attaching a fee sheet, also enter appropriate amounts below.*

Tuition/Fees: _____ Housing: _____ Meals: _____

Round Trip Airfare: _____ In-Country Travel: _____ Personal: _____

Visa Costs (including airfare if need to travel to consulate): _____ **TOTAL:** _____

Host Institution/Program Provider Representative Signature: _____

Date: _____

STUDENT NAME: _____

SECTION III- MSCD OFFICE OF INTERNATIONAL STUDIES INFORMATION

Representative Name: Jennifer Provizer Title: Study Abroad Advisor & Program Assistant
Address: Campus Box 41, PO BOX 173362, Denver CO 80217-3362 Phone #: 303-352-7236
Fax#: 303-352-7002 Email: jprovize@mscd.edu

Metropolitan State College of Denver agrees to:

- ✓ Consider this student enrolled in an eligible program of study
- ✓ Grant transfer credit for all approved courses with a "C" grade or better
- ✓ Maintain all records in accordance with federal regulations.

Executive Director or Designee Signature: _____

Date: _____

SECTION IV- MSCD FINANCIAL AID INFORMATION

Financial Aid Representative: Christopher Brown Title: Financial Aid Counselor
Address: Campus Box 2, P.O. Box 173362, Denver, CO 80217-3362 Phone#: 303-556-4419
Fax#: 303-556-4927 Email: cbrow159@mscd.edu

Metropolitan State College of Denver agrees to:

- ✓ Determine the student's eligibility for financial aid based upon the cost of attendance at the Host Institution/by the Program Provider.
- ✓ Disburse all funds directly to the student no earlier than ten days prior to the start of the corresponding MSCD semester.
- ✓ Maintain all records in accordance with federal regulations.

Financial Aid is based on: _____ Semester hours; _____ Quarter hours; _____

Is student making satisfactory progress? ☐ Yes ☐ No

Estimated Date of Disbursement(s): _____

Signature _____

Date: _____

OIS Use Only:

Submitted by Student
Sent to Provider
Received by Provider
Sent to Financial Aid