

# International Education

## CONSORTIUM AGREEMENT PROCESS FOR STUDY ABROAD ON NON-MARQUETTE PROGRAMS

Students participating in approved study abroad programs that are not affiliated with Marquette may complete a Marquette University Consortium Agreement for reasons clarified in this document. Students in the College of Business should see the International Business Office (David Straz, 101) for approval of non-Marquette programs. Students from all other colleges should see the Office of International Education (Holthusen Hall, 4th floor) for approval of non-Marquette programs.

The Consortium Agreement and supporting documents are required for all students participating in non-Marquette study abroad programs who answer yes to any of the statements that follow.

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Name \_\_\_\_\_ MUID \_\_\_\_\_

Please check yes or no to each statement below. If you check "yes" to statement(s) 1, 2 or 3 you must complete the Consortium Agreement and supporting documents (see below). If you check "no" to all statements you do not need to complete any additional documents beyond this cover sheet.

1.  Yes  No I intend to use financial aid (federal/state aid, alternative loans, etc.) for the term I am abroad.

\*\*MU grants and scholarships do not transfer to non-MU study abroad programs

\*\*Summer study abroad students must enroll in at least six credits to qualify for financial aid

If your answer was yes, please respond to the statement below:

Yes  No I have filed a FAFSA for the term I will study abroad.

\*\*A FAFSA must be filed in order to be considered for federal/state financial aid (2008-09 FAFSA- Summer 2009; 2009-10 FAFSA- for 2009-10 academic year; 2009-10 FAFSA- for Summer 2010)

2.  Yes  No I must maintain at least half-time status for loan deferment purposes.

\*\*This does not apply to summer study abroad students

\*\*In-School deferment requires a minimum of half-time enrollment during the academic year to avoid entering your loan grace period then entering into repayment on your student loans

3.  Yes  No I must maintain full-time status for health insurance purposes.

\*\*This does not apply to summer study abroad students

Signed \_\_\_\_\_

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### Required Documents

If you answered yes to statements 1, 2, or 3 above, please submit the documents listed below by:

- October 1: Spring Semester Study
- March 1: Fall, Summer or Full Academic Year Study

\*\*If the deadline falls on a weekend, applications are due the following business day

1. This cover sheet
2. Consortium Agreement, with ONLY Section I completed
3. Early submission of the completed Course Approval Form
4. Budget Planning Worksheet

# MARQUETTE UNIVERSITY CONSORTIUM AGREEMENT

BETWEEN

|                             |     |               |
|-----------------------------|-----|---------------|
| <b>Marquette University</b> | and |               |
| (Home School)               |     | (Host School) |

The Home School and the Host School listed above are hereby entering into a consortium agreement.

**Section I – To be completed by the student (Please type or print)**

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Name:                            | Marquette I.D.:                   |
| Telephone Number: (    )    -    | Social Security Number:    -    - |
| Host School Contact Information: | Host School Fax Number:           |
| Current Permanent Address:       | Address While Studying Away:      |

Consortium Period: **(Must be completed for each term prior to Studying Away)**     Summer, 2012     Fall, 2012     Spring 2013

- Under this agreement, the student will:**
1. Be enrolled in a degree program at Marquette University.
  2. Maintain satisfactory academic progress.
  3. Take courses at the Host School which are transferable to his/ her Marquette University degree, as certified by his/her Marquette University academic advisor.
  4. Notify the Marquette University Office of Student Financial Aid if he/ she does not begin attendance in the courses listed in section II of this agreement.
  5. Immediately inform Marquette University and Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
  6. Ensure that the Host School provides Marquette University with an academic transcript upon completion of the consortium period.
  7. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
  8. Pay tuition, fees, and other expenses as charged by Marquette University and/or Host School.

|                      |       |
|----------------------|-------|
| Student's Signature: | Date: |
|----------------------|-------|

**Section II – To be completed by the student's Marquette University academic advisor**

Number of credit hours the student is taking at the Host School:

Student's enrollment status while at the Host School:     Full-time     Three-quarter time     Half-time     Less than half-time

List the individual course(s) and credits the student is (will be) taking at the Host School which are applicable to his/her academic program at Marquette University:

| Course | Credits |
|--------|---------|
| _____  | _____   |
| _____  | _____   |
| _____  | _____   |

- Under this agreement, Marquette University:**
1. Certifies that the student is enrolled in a degree program at Marquette University.
  2. Agrees to accept the course work listed above toward the completion of the student's degree requirements.

|                               |               |
|-------------------------------|---------------|
| Advisor's Signature and Date: | Printed Name: |
| Academic Department:          | Telephone:    |

**Section III – To be completed by Marquette University financial aid office**

**Under this agreement Marquette University:**

1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Certifies that the student is making satisfactory academic progress toward the completion of his/her degree at Marquette University.
4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Will calculate returns of Title IV funds, when appropriate.
6. Will maintain Title IV recordkeeping and reporting requirements.

Marquette University Financial Aid Officer's Signature:

|                 |            |
|-----------------|------------|
| Printed Name:   | Date:      |
| E-mail Address: | Telephone: |

**Section IV – To be completed by the Host School financial aid office**

Will the student receive financial aid at your institution?  Yes  No

|  |       |    |
|--|-------|----|
| Type & amount of aid from Host School: | _____ | \$ |
|  | _____ | \$ |
|  | _____ | \$ |

Enrollment period dates: From: \_\_\_\_\_ to: \_\_\_\_\_

|                                   |  |                           |
|-----------------------------------|--|---------------------------|
| Tuition & fees: \$ _____          |  | Room & board: \$ _____    |
| Books & supplies: \$ _____        |  | Transportation: \$ _____  |
| Misc. personal expenses: \$ _____ |  | Other (specify): \$ _____ |

Person at Host School to whom check(s) for payment should be sent:

|                       |                  |
|-----------------------|------------------|
| Name: _____           | Telephone: _____ |
| E-mail Address: _____ |                  |
| Address: _____        |                  |

**Under this agreement, the Host School:**

1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.
2. Will make available applicable student consumer information required under Title IV.
3. Will provide Marquette University with documentation of the student's enrollment at the Host School.
4. Agrees to notify Marquette University if the student fails to enroll in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).
5. Will provide Marquette University with a Host School academic transcript upon completion of the consortium period.

Host School Financial Aid Officer's Signature:

|                 |            |
|-----------------|------------|
| Printed Name:   | Title:     |
| E-mail Address: | Date:      |
|                 | Telephone: |

**Return this form to:**  
**Marquette University Office of Student Financial Aid**  
**Attn: Coral L. Taylor, Financial Aid Counselor**  
**Zilber Hall, Suite 121, P. O. Box 1881**  
**Milwaukee, WI 53201-1881 FAX: (414) 288-1718**

**Comments:**


**STUDY ABROAD BUDGET PLANNING WORKSHEET**

This worksheet is intended to assist you in realistically budgeting for your studies abroad. For more information regarding specific Marquette study abroad program costs, please contact the Office of International Education or visit our website at [www.marquette.edu/studyabroad](http://www.marquette.edu/studyabroad). For non-Marquette programs, please contact the program provider. Information regarding the transfer of financial aid to your program can be obtained from the Office of Financial Aid at 414-288-7390.

| <b>EXPENSE DESCRIPTION</b>                               | <b>AMOUNT</b> |
|--|---------------|
| <b>A. Program fees</b>                                   |               |
| Application fee  |               |
| Tuition or Program Fee                                   |               |
| Housing (If not included in program fee)                 |               |
| Meals (If not included in program fee)                   |               |
| <b>B. Travel Documents</b>                               |               |
| Passport photos  |               |
| Passport   |               |
| Visa (May include travel expenses to apply in person)    |               |
| Health Insurance   |               |
| Immunizations  |               |
| <b>D. Transportation</b>                                 |               |
| Roundtrip airfare  |               |
| Ground travel to program site (if applicable)            |               |
| Local transportation during semester (subway, bus, etc.) |               |
| <b>E. School Expenses</b>                                |               |
| Books  |               |
| <b>F. Spending Money</b>                                 |               |
| Postage  |               |
| Cell phone/phone calls                                   |               |
| Internet usage   |               |
| Toiletries   |               |
| Gifts  |               |
| Travel transportation                                    |               |
| Travel lodging   |               |
| Entertainment  |               |
| <b>G. Subtotal Estimated Cost</b>                        |               |
| <b>H. Financial Aid/Scholarships</b>                     |               |
| 1.   |               |
| 2.   |               |
| 3.   |               |
| 4.   |               |
| <b>I. Total Financial Aid/Scholarships</b>               |               |
| <b>Suttract I. form G.</b>                               |               |
| <b>TOTAL ESTIMATED COST OF ATTENDANCE</b>                |               |