



INFORMAL CONSORTIUM/CONTRACTUAL AGREEMENT

This form determines your federal aid eligibility while attending a non-Tufts study abroad program. It also verifies your enrollment in a non-Tufts program which keeps your previously borrowed loans out of repayment status. This form can only be used for programs and transfer credits approved by Tufts University. If you borrowed loans in the past and do not complete this form you will be reported as “not enrolled” to your lending institutions while studying abroad and your loans will go into repayment status.

Refunds - No refunds of student account credit balances will be issued until both pages of this form are completed and returned to Tufts, and all funds are disbursed to the student’s account. If the student is dependent upon these funds to pay his/her bill and the Consortium School/Program requires payment prior to a refund being issued from Tufts, it is the student's responsibility to make arrangements with the Consortium School/Program to have his/her bill covered. Once funds are received and eligibility is confirmed, a refund of all available funds will be issued to the student via electronic disbursement. To have funds directly deposited into a bank account, please set up direct deposit via <https://bankmobilevibe.com/>. Refund requests are made through SIS within the Bills & Balances tab (go.tufts.edu/sis). For more information about refunds please visit: <http://students.tufts.edu/financial-services/billing/request-refund>.

Page one must be completed by the student. Page two must be completed by the Consortium School. The student must ensure that both pages are received by Tufts.

1. Student Name: _____ ID #: _____

2. I will be on the following non-Tufts program: _____
Please provide exact start and end dates of enrollment in the above program:
Full Academic year _____ **Fall semester only** _____ **Spring semester only** _____
Summer Session _____

3. Are you receiving any financial assistance from non-Tufts sources? Yes _____ No _____
If yes, give sources and amounts: _____

I certify that the above is true and complete and that I will notify Tufts University if this information changes.

Student Signature _____ Date: _____

Parent Signature (*required if parent will borrow a Federal PLUS loan and authorizes Tufts to refund the excess PLUS funds to the above student*) _____ Date: _____

PLEASE RETURN TO:
Tufts University, Student Financial Services, Dowling Hall, Medford, MA 02155 or FAX (617-627-3987)

PAGE TWO
TO BE COMPLETED BY THE CONSORTIUM SCHOOL

Name of Student: _____ SS # or Tufts ID _____

1. Name of Program: _____

2. Program Address: _____

3. Contact Person: _____ Title: _____

4. Telephone Number: _____

5. Length of Program: In weeks _____ Number of Terms _____

Starting Date _____ Ending Date _____

6. Enrollment Status: Less than half-time [] Half-time [] Three-quarter time [] Full-time []

7. Estimated costs: Tuition _____

Fees _____

Room & Board _____

Books & Expenses _____

Travel _____

TOTAL _____

8. Has this student submitted an application for financial assistance from your program? _____

Has any financial assistance been awarded for this student? YES _____ NO _____

If yes, describe and give amounts _____

CERTIFICATION

A. The Consortium School certifies that the student has been accepted for the program listed above (#1).

B. The Consortium School agrees not to process or disburse to the student any Federal grants (Pell, SEOG, TEACH), Federal loans (Federal Direct Stafford or PLUS Loan), state grant, or Federal work study during the enrollment period listed above (#5). Further, the Consortium School agrees to notify Tufts University Office of Financial Aid if it offers any financial assistance for the student's benefit for the enrollment period listed above (#5).

C. The Consortium School agrees to notify Tufts University Office of Financial Aid if the student changes his/her enrollment status or withdraws from the program before its completion, or if any of the charges listed above (#7) change during the period of enrollment. An academic transcript will evidence satisfactory completion of the program.

FOR TUFTS UNIVERSITY:

Signature

Name & Title (*please print*)

Date

FOR CONSORTIUM SCHOOL:

Signature

Name & Title (*please print*)

Date

Fax number or email address

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