

OFFICE OF FINANCIAL AID

CONSORTIUM AGREEMENT 2022 – 2023

_____ is a Bard College at Simon's Rock student who will be taking a leave of absence from Bard College at Simon's Rock for the _____ semester/year to study at _____.

Bard College at Simon's Rock, hereinafter BCRS, and the host institution agree to the following:

The student is matriculated and pursuing a degree at BCSR; therefore, he/she may only attend the host institution as a special non-matriculated student and may only be considered for federal and state aid through the BCSR Financial Aid Office.

1. If the student withdraws prior to completion of the academic period, the host institution agrees to notify BCSR of the date of withdrawal. Notification must be emailed or mailed to BCSR.
2. If the withdrawal results in a refund from the host institution to the student, the refund check will be made payable to BCSR (for the student) and should be mailed to the Financial Aid Office at BCSR. BCSR will calculate, in accordance with the College and Federal Refund Policy, the amount to be refunded to the Federal Programs and/or the student.
3. The host institution agrees to furnish BCSR with the total number of credits for which the student has enrolled and an itemization of the educational costs of the program. Page 2 to be completed by the Host Institution.).

Student Signature

Date

Director of Financial Aid, Bard College at Simon's Rock

Date

Financial Aid, Administrator, Host Institution

Date

Designated recipient of Financial Aid Funds (do not leave blank).

Name

Relationship

Street Address

City/State/Zip Code

PH Number:

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TO BE COMPLETED BY THE HOST INSTITUTION 2022-2023

Student's Name: _____

Student is enrolled at the host institution – please circle one –

Full Time

Three Quarter Time

Half Time

Number of Credits: _____

Dates of Enrollment Period (mm/dd/yyyy): _____

Cost of Attendance at the Host Institution

Tuition _____

Fees _____

Room _____

Books and Supplies _____

Personal _____

Travel _____

Other _____

TOTAL _____

Financial Aid awarded by Host Institution: _____

(if not applicable, enter "None")

Financial Aid Administrator at Host Institution (sign)

Email

Financial Aid Administrator at Host Institution (print)

Return this form with all signatures to the Office of Financial Aid