



2024-2025 Consortium Agreement Study Abroad/Away Programs

The Consortium Agreement allows Eastern University to collect important information necessary to process your financial aid for your Study Abroad/Away Program.

The section below is to be completed by the STUDENT:

Student's Name: _____ Eastern ID#: _____

INSTITUTIONS: **Home Institution:** **Eastern University**
Host Institution/Study Abroad Program: _____

I understand:

- I need to obtain the approval of Eastern University's Registrar for these Consortium course(s).
- At the end of the semester covered by this agreement, I must provide an OFFICIAL academic transcript to Eastern University, Office of the Registrar.

Student's Signature: _____ Date: _____

The section below is to be completed by the HOST INSTITUTION:

Semester of Study: Summer 2024 Fall 2024 Spring 2025

Dates of Enrollment at Host Institution: _____ through _____

Total # of registered credits for semester above: _____

Final Cost of Attendance: <i>(in U.S. Dollars)</i>	Room & Board	_____
	Personal Expenses	_____
	Travel	_____
	Books	_____
	Other (do NOT include Tuition)	_____
	Less any discounts (<i>if applicable</i>)	- _____
TOTAL:	_____	

Scholarship/Grant money being offered to the student where the funds will be sent to Eastern University directly (i.e. a paper check or EFT, *NOT a discount*):

Source and Amount: _____ Expected date of when funds will arrive: _____

Signature, Financial Aid Administrator: _____ Date: _____
Host Institution

Please return completed form to: Eastern University, Financial Aid Office, 1300 Eagle Road, St. Davids, PA 19087
Phone: 610-225-5102 ♦ Fax#: 610-225-5651 ♦ Email: finaid@eastern.edu