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: ___________________________________  
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 2015  
☐ Fall 2015  
☐ Spring 2016

Dates of Enrollment at Host Institution: ____________ through ____________

Total # of registered credits for semester above: ______________

Final Cost of Attendance:  
(in U.S. Dollars)

Room & Board __________________
Personal Expenses __________________
Travel __________________
Books __________________
Other __________________
Less any discounts (if applicable) -

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