

2022-2023 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	s to be complete	d by the STUDENT:		
Student's Name:			Eastern ID#:	
INSTITUTIONS:	IS: Home Institution:		Eastern University	
	Host Institution	n/Study Abroad Program:		
	mester covered by	n University's Registrar for these (this agreement, I must provide an		
Student's Signature:			Date:	
Semester of Study: Dates of Enrollment a	□ Summer 202 at Host Institution credits for semest	by the HOST INSTITUTION: 22	n)	
		TOTAL:		
Scholarship/Grant me (i.e. a paper check or			nds will be sent to Eastern University directly	
Source and Amount:		Expected date	e of when funds will arrive:	
Signature, Financial Aid Administrator: Host Institution			Date:	

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