



The American University of Rome

Consortium Agreement

The Consortium Agreement allows you to use some of your federal aid at another school or program approved by The American University of Rome (AUR). However, it also specifies that only the 'home' institution may award federal financial aid. As the 'home' institution, The American University of Rome can recommend federal forms of aid when its students study elsewhere. Students who will be attending The American University of Rome for one semester are still eligible to apply for a full aid package for their American University of Rome semester. You must obtain Dean's permission in advance to transfer courses to your American University of Rome degree program.

Refunds: The American University of Rome can transfer funds either to the student or directly to the Consortium School/Program. When the funds arrive at The American University of Rome you the student will receive notification via email, please reply to this email specifying if the funds will be sent to you the student or to the Consortium School/Program. If you choose for the funds to be sent directly to the Consortium School/Program you the student are responsible for providing the finance office at the 'home' school with the appropriate payment method for the Consortium School/ Program. If the Consortium School/ Program requires you to payment prior to a refund being issued from The American University of Rome, and you are dependent upon these funds to pay your bill, you are responsible for making arrangements with the Consortium School/ Program to have your bill covered.

To be completed by the student and forwarded to the non-AUR Program

Student Name: _____ AUR ID Number _____

Permanent Address: _____ Telephone Number _____

Have you filed a 2011-2011 FAFSA? _____ When? _____

I will be attending the following non-AUR College Program: _____

I will be attending the non-AUR College Program for:	Consortium Agreement Deadlines:
_____ 2010-2011 academic year	July 1, 2010
_____ 2010 Fall semester only	July 1, 2010
_____ 2011 Spring semester only	December 1, 2010
_____ 2010 Summer session(s)	Dependent on Program

Will you be receiving financial aid from non-AUR College sources? Yes No

If yes give sources and amounts: _____

I certify that the above information is true and complete and that I will notify The American University of Rome if any of this information changes.

Student Signature _____ Date _____

To be completed by the Consortium School/ Program

Name of Program: _____

Program Address: _____

Contact person's Name: _____ Title: _____

Telephone Number: _____

Length of Program: In weeks _____ Number of terms/semester _____

Starting date _____ Ending date _____

Enrollment Status:

- Less than half-time
- Full time

Estimated Costs: Tuition _____ Books and Supplies _____

Room and Board _____ Miscellaneous/Travel _____

Total _____

Has this student submitted an application for financial assistance from your program? ____Yes ____No

If yes what is the status of this application? _____

Has any financial assistance been awarded to this student? ____ Yes ____ No

If yes, describe and give amounts: _____

Certification

- **The Consortium School certifies that the student has been accepted to the above listed program.**
- **The Consortium School agrees not to process or disburse to the student any Federally Funded financial aid during the above listed enrollment period. Further the Consortium School agrees to notify The American University of Rome Enrollment Services Department if it offers any financial assistance for the student's benefit for the above listed enrollment period.**
- **The consortium School agrees to notify The American University of Rome Enrollment Services Department if the student changes his/her enrollment status or withdraws from the program before its completion or if any of the charges listed above change during the period of enrollment. Satisfactory completion of the program will be evidenced by academic transcript upon written request of the student.**
- **Should the student be eligible for any of the aid programs listed above, The American University agrees to provide payment as agreed upon with the student (see detailed refund procedures on reverse).**

For The American University of Rome:

For the Consortium School:

Signature _____

Signature _____

Name and title (please print) _____

Name and title(please print) _____

Date _____

Date _____

PLEASE FAX BACK TO THE AMERICAN UNIVERISTY OF ROME AT 001 39 06 5833 0992