Wellesley College Cost Verification Form

This form serves as a **Consortium Agreement** so that you may use some or all of your financial aid award for an approved domestic Study Away program. Domestic Study Away includes 12 College Exchange programs and the Williams-Mystic Seaport Program.

This agreement specifies that only one institution, the "home institution," may award you federal or state financial aid. You may receive financial assistance from the host school or program as long as that funding is not from the federal or state government. As with any outside awards, you are required to notify the Student Financial Services if you do receive any assistance directly from your host institution.

Please complete Sections 1 and 2 of this form, sign Section 5, and forward it to your domestic Study Away host institution A representative of that institution should complete Sections 3 and 4, and return the completed form to the Student Financial Services. We cannot continue processing your financial aid application until we have received this completed form. If you are attending two different domestic Study Away programs (as described above), you must complete one of these forms for each program.

Your eligibility for financial aid from Wellesley is based, in part, on the overall cost of your program. While attending a Study Away program, your work-study award will be replaced by a need-based, subsidized loan. Any financial aid you receive from Wellesley College will be applied to your Wellesley student account. It is your responsibility to request any available refunds from your Wellesley student account and pay all outstanding bills from your host institution.

Refunds cannot be processed until a completed Refund Request Form has been submitted and all funds are received by the College. It is your responsibility to ensure that all necessary paperwork has been completed. Check your MyWellesley portal for outstanding requirements.

Section 1: Student Information					
Student Name			Wellesley ID #		
Permanent Address			Email address		
City	State	Zip Code			
Leave Address					
City	State	Zip Code			

Section 2: Program Information					
Name of domestic Study Away Program:					
Semester away:	Fall semester []	Spring semester []			
Have you applied or will you be applying for financial assistance from any source other than Wellesley College? Yes [] No []					
If yes, please list source(s) and amounts if known:					



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Student Name:	Student ID#	
	: Program Information representative from the host institution)	
Name of Program:		
Program Address:		
Contact Person:	Title:	
Telephone Number:	Fax Number:	
Starting Date:	Ending Date:	
Enrollment Status: Less-than half time []	Half time [] Full Time []	
	Estimated Costs and Aid istance awarded by you, the host institution)	
Tuition/Fees \$	Grant \$ Loan Work TOTAL \$ Please list only financial aid that you, the h institution, have awarded to the student.	
1. The Host Institution certifies that the student 2. The Host Institution agrees that only Wellesle the student, including the Federal Pell Grant. 3. The Host Institution agrees to notify the Welle assistance to the student for the enrollment per 3. Wellesley College agrees that it will maintain 4. The Host Institution agrees to notify Wellesley enrollment status or withdraws from the prograchanges during the period of enrollment. An acaevidence satisfactory completion of the program 5. Should the student be eligible for any financial provide payment to the student, provided she hand the funds have been received by Wellesley 6. All above information is true and complete as Services of any changes.	all records related to the student's financial aid. College Student Financial Services if the student change m before its completion or if any of the charges listed ab demic transcript, upon written request of the student, w n. Il assistance from Wellesley College, Wellesley College ag as completed her application and all other necessary pap College. Ind I, the student, will notify Wellesley College Student Fir	es her pove vill grees to perwork
Student Signature Host Institution Rep	Date Date	_

