

Financial Aid Office

893 West Street Amherst, MA 01002 413.559.5484 fax 413.559.5585

Consortium Agreement for 2025-2026

As allowed under Federal Regulations, this Consortium Agreement is entered into between the accredited and eligible institutions listed below for the purpose of providing federal financial assistance to the student named below. Federal assistance includes all Title IV Programs.

Student's Legal Name:_____ Last Four of SSN:_____

Student's Preferred Name:_____ Student ID #:_____

This agreement is entered into between: **HAMPSHIRE COLLEGE** (the Home School) **and**

NAME of the Host School:_____

To Be Completed by Host School

Name of Program _____

Consortium school of record:_____

Name of U.S. accrediting agency: _____

Contact Name:_____ Contact Email:_____

Enrolled from _____ to _____ Contact Phone: _____

Program length of _____ weeks or _____ quarters or _____ semesters

Student status of _____ full time _____ half time (Student must be enrolled with full time status.)

Costs for the Program:

Tuition and fees: \$ _____

Housing and Food: \$ _____

Other: _____ \$ _____

Total Costs: \$ _____

Financial aid from Host school: \$ _____

Please ensure all questions have a response, otherwise it may delay processing. If a question does not apply, please indicate with N/A (not applicable).

Certification

- By signing below, the **HOST SCHOOL** certifies that the student has been accepted for enrollment in the program listed above.
 - **The HOST SCHOOL certifies they are accredited by a U.S. accrediting agency.**
 - **The HOST SCHOOL certifies they are a TITLE IV eligible institution.**
 - The **HOST SCHOOL** agrees not to pay the student any Title IV assistance including Pell Grant or Campus Based aid nor to process a Federal Direct Loan (subsidized, unsubsidized or PLUS) during the enrollment period listed above.
 - The **HOST SCHOOL** agrees to notify the home school if the student withdraws from the program before its conclusion. Satisfactory completion of the program will be evidenced by an academic transcript upon written request by the student.
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- By signing below, the **HOME SCHOOL (Hampshire College)** agrees to calculate the student's financial aid eligibility using the costs stated above, process federal financial aid applications and to pay the student during the time period listed above. Payment will be made in the manner agreed to by the home school and the student.

HAMPSHIRE COLLEGE:

Signature

Printed Name

Title

Date

HOST SCHOOL:

Signature

Printed Name

Title

Date

**Please Return to the Financial Aid Office
Hampshire College
893 West Street
Amherst, MA 01002 USA
Email: financialaid@hampshire.edu**