



## 2025-2026 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 to be completed by the STUDENT:**

Student's Name: \_\_\_\_\_ Eastern ID#: \_\_\_\_\_

**INSTITUTIONS:**      **Home Institution:**      **Eastern University**  
**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 2025     Fall 2025     Spring 2026

Dates of Enrollment at Host Institution: \_\_\_\_\_ through \_\_\_\_\_

Total # of registered credits for semester above: \_\_\_\_\_

<b>Final Cost of Attendance:</b>	Room & Board	_____
<i>(in U.S. Dollars)</i>	Personal Expenses	_____
	Travel	_____
	Books	_____
	Other ( <b>do NOT include Tuition</b> )	_____
	<b>Less</b> any discounts <i>(if applicable)</i>	- _____
	<b>TOTAL:</b>	_____

**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](mailto:finaid@eastern.edu)