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**

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<th>Student Name</th>
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**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: ____________________________________________

Student Financial Services
Green Hall 436
106 Central Street
Wellesley, MA 02481

phone: 781-283-2360
fax: 781-283-3946
web: www.wellesley.edu/sfs
email: sfs@wellesley.edu
Section 3: Program Information
(to be completed by a 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 [ ]

Section 4: Estimated Costs and Aid
(include only financial assistance awarded by you, the host institution)

Tuition/Fees $_________________________ Grant $_________________________

Room ___________________________ Loan ___________________________

Board ___________________________ Work ___________________________

Books ___________________________ TOTAL $_________________________

Personal ___________________________

Travel ___________________________

Other (specify) ___________________________

TOTAL $_________________________

Please list only financial aid that you, the host institution, have awarded to the student.

Section 5: Certification

1. The Host Institution certifies that the student has been accepted for the program listed above.
2. The Host Institution agrees that only Wellesley College will award or disburse any federal or state financial aid to the student, including the Federal Pell Grant.
3. The Host Institution agrees to notify the Wellesley College Student Financial Services if it offers any financial assistance to the student for the enrollment period listed above.
4. The Host Institution agrees to notify Wellesley College Student Financial Services if the student changes her enrollment status or withdraws from the program before its completion or if any of the charges listed above changes during the period of enrollment. An academic transcript, upon written request of the student, will evidence satisfactory completion of the program.
5. Should the student be eligible for any financial assistance from Wellesley College, Wellesley College agrees to provide payment to the student, provided she has completed her application and all other necessary paperwork and the funds have been received by Wellesley College.
6. All above information is true and complete and I, the student, will notify Wellesley College Student Financial Services of any changes.

Signature Signature ___________________________ Date ___________________________

Host Institution Rep ___________________________ Date ___________________________