



## Office of Financial Aid Study Abroad AD HOC Consortium Agreement

Name \_\_\_\_\_ Ramapo R # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Telephone Number \_\_\_\_\_ Cellular Number \_\_\_\_\_

Address during Transient Semester \_\_\_\_\_

E-mail address \_\_\_\_\_ SS# \_\_\_\_\_ - -

1. Are you receiving a Study Abroad Scholarship? ☐ Yes ☐ No
2. Are you applying for any financial aid? ☐ Yes ☐ No
3. Are you using personal funds? ☐ Yes ☐ No
4. Will you be applying for on-campus housing upon your return to Ramapo? ☐ Yes ☐ No

### Enrollment

a. Does the student named have permission from \_\_\_\_\_ to enroll as a transient  
Name of College

student? ☐ Yes ☐ No

b. Dates of enrollment \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Academic Year

c. The student will be enrolled for \_\_\_\_\_ credits during the period above.

d. Charges for semester/year

Tuition \_\_\_\_\_  
Fees \_\_\_\_\_  
Room \_\_\_\_\_  
Board \_\_\_\_\_  
Misc \_\_\_\_\_  
Total \_\_\_\_\_

e. If the student withdraws during the academic period indicated, \_\_\_\_\_ agrees  
Name of School or Consortium

to inform Ramapo College of New Jersey that date of withdrawal and any reduction in the student's charges?  
☐ Yes ☐ No

**Responsible Official:** The officials who are responsible for the administration of the financial aid program at the schools listed above agree that all Title IV and State Aid will be calculated and disbursed through Ramapo College of New Jersey (the degree granting institution) in accordance with Federal, State and institutional regulations, Satisfactory progress and other student eligibility requirements will also be monitored by Ramapo College of New Jersey.

Study Abroad Institution/Consortium \_\_\_\_\_  
Signature of Program Director \_\_\_\_\_  
Title/ Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Ramapo College of New Jersey  
Financial Aid Office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title