



RETURN TO:
 Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, CA 91768-4008
 (909) 869-3700 Phone
 (909) 869-4757 FAX

Name of Financial Aid Applicant (please print)



 Last First Middle

Bronco Number: _____

**2018 – 2019
 INTERNATIONAL CONSORTIUM AGREEMENT**

According to federal regulations, a Consortium Agreement must exist before a home institution can process an application for federal funds at another institution. Therefore, the two institutions listed below herein enter into a Consortium Agreement for the above named student.

Section A: INSTITUTIONS

Home Institution: **CAL POLY POMONA**

International Consortium Institution: _____

Section B: ENROLLMENT DATA (Host School)

Term(s)/Units (list units for all applicable terms): Fall qtr./semester _____ Winter qtr. _____ Spring qtr./semester _____ Summer qtr./semester _____

Are you a quarter or semester school? _____

Section C: COST OF ATTENDANCE, FINANCIAL AID and CERTIFICATION STATEMENT: (Host School)

- Submit "Program Cost" from Host Institution.
- Complete if student is receiving private funds from the Consortium Institution:
- Consortium Institution agrees not to award federal aid.

Grant Amount \$ _____ Loan Amount \$ _____ Work Amount \$ _____

- If student is applying for private funds from the Consortium Institution but has not yet been awarded, the Consortium Institution will inform California State Polytechnic University, Pomona if/when any award is made.

The Consortium Institution agrees not to provide federal aid funds to the above-named student, for the term(s) specified and further agrees to notify the Home Institution of the student's withdrawal from all classes at the institution prior to the conclusion of the term(s) specified above.

Provider Institution: _____

Address of U.S. Affiliate: _____

U.S. Contact Person: _____ **Title:** _____

Signature: _____ **Date:** _____

Section D: CERTIFICATION STATEMENT & SIGNATURES for CAL POLY POMONA (only)

The Home Institution agrees to provide payment(s) to the above-named student, if eligible, under the Pell Grant, or the Subsidized/Unsubsidized Stafford Loan programs for the terms specified above.

Print - Last Name, First Name (Financial Aid Counselor) **Signature** **Date**

Print - Last Name, First Name (International Programs) **Signature** **Date**



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**2018 – 2019
 INTERNATIONAL CONSORTIUM AGREEMENT
 ACADEMIC ADVISEMENT FORM**

It is the student's responsibility to consult his/her academic advisor when choosing courses. This facilitates the transfer of credit upon returning to Cal Poly Pomona University. Individual department approval required for courses taken out of the student's major.

Students are required to carry a full course schedule which is twelve (12) units per quarter. The left hand column below reflects the names, course numbers (when applicable) and units of the courses you plan to take overseas. In the right-hand column, identify the name, course numbers and units of the equivalent courses at Cal Poly Pomona.

Section E: COURSES

Overseas Course	Units	Cal Poly Pomona Equivalent Course	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section F: SIGNATURES

Advisor's Name	Advisor's Signature
_____	_____
Department	Department Chair's Signature
_____	_____
Student Signature	Date
_____	_____
Dean's Signature	Date
_____	_____