

BENNINGTON COLLEGE

Financial Aid Office • One College Drive • Bennington, Vermont • 05201 • 802-440-4325 • fax 802-440-4880 • finaid@bennington.edu • www.bennington.edu

AVIC Exchange Contract

This agreement is between Bennington College and the institution listed below and applies to any Federal Pell Grant, SEOG Grant, State Grant, Federal Direct Student Loan or Federal Direct PLUS Loan for which this student may be eligible. Part I is completed by the student. Part II is completed by the Provost and Dean's Office and the Business Office. The student should send *both pages* of Part III to the AVIC Exchange Host College for completion.

PART I: TO BE COMPLETED BY THE STUDENT

Student's Full Name _____ Term(s) of Study _____

- I will inform the Bennington College Financial Aid Office immediately of any financial aid I receive from other sources for this period. Receipt of additional aid may require an adjustment to my federal or state aid funds.
- I understand that course credits from the host institution will be applied toward my Bennington College baccalaureate degree provided courses are satisfactorily completed and credits are accepted by the Office of the Provost and Dean.
- An official transcript for academic coursework completed while on a study away term must be received by the Assistant Registrar no later than February 10th for students studying away in the fall term and no later than August 1st for students studying away for the spring term. I understand that if my transcript does not arrive by the dates above, I will return on Academic Warning in order to disburse the following term's financial aid.
- I authorize the release, to the host institution, of any credit balance at Bennington College. I authorize my Title IV (federal student aid) funds to be used for other charges only after tuition and required fees have been paid to Bennington. I understand that I will be billed separately by the host institution for room, board, and any other required fees.
- There is no transcript evaluation fee for AVIC Exchange.

Name of Host Institution

Program Title

Term(s) of Study

Student Signature

Date

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PART II: TO BE COMPLETED BY BENNINGTON COLLEGE

Student's Full Name _____

This section to be completed by Bennington College Business Office

Any financial aid funds for the study away term will be sent to the host institution once the student's eligibility has been confirmed by the Bennington College Financial Aid Office and confirmation of registration is received (forms attached). Loans and other funds may not be released earlier than September 1 for fall term and February 23 for the spring term.

The Business Office has reviewed the student's account and confirms that the student on this contract does not have an outstanding balance owed to the College.

Signature of Business Office Staff Member

Date

Print Name and Title

This section to be completed by Bennington College Provost and Dean's Office

Following successful completion of the courses at the host institution and timely transfer of course description, credit, and evaluation information to Bennington College, credits earned may be applied toward the student's degree requirements at Bennington College as long as the program of study has been incorporated into the student's Plan and approved by the faculty and Dean. Approval of the study away is also contingent upon approval of the AVIC Exchange Review Committee, the successful completion of the student's current term at Bennington, as well as acceptance by the receiving school.

Signature of Study Abroad Director

Date

Print Name of Study Abroad Director

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PART III: TO BE COMPLETED BY THE HOST INSTITUTION

Student Name _____ Host School Name _____

Enrollment: ☐ Full-Time ☐ Less Than Full-Time From _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)

Upon completion of each academic period, grades or evaluations, credit information and course descriptions will be sent to Bennington College (to arrive no later than February 10th after fall term study or August 1st for spring or summer study).

The host institution also agrees to notify Bennington College *within ten days* if the student:

- * fails to enroll
- * withdraws from the institution
- * changes from full-time status to less-than-full-time status

Any adjustments to the student's cost of attendance at this institution must be consistent with procedures for other students enrolled at your institution. Should the student withdraw, Bennington College, in consultation with the host institution, is responsible for calculating a refund in accordance with Federal Refund Calculation. Any refunds must be returned to Bennington College as the Financial Aid Office there is responsible for returning these funds to the Title IV programs. The costs of attendance for this student's course of study are as follows:

<u>Budget</u>	<u>FALL</u>	<u>SPRING</u>
Bennington College Tuition	\$ _____	\$ _____
Room	\$ _____	\$ _____
Board	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Required Fees	\$ _____	\$ _____
Books/Supplies/Personal	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____
AID (grant/scholarship/loan) to be awarded by <u>host institution</u>:	\$ _____	\$ _____

I understand that any financial aid awarded to the student by Bennington College will be disbursed to the host institution after the student's continued eligibility for the aid has been verified by the Bennington College Financial Aid Office. No aid will be disbursed to the student's account until Bennington receives written verification from the host institution (form attached) that the student is fully registered for classes. The student is responsible for payment of all expenses to the host institution.

Signature of School Official _____ Printed Name _____ Title _____

Institution Name/Program Title _____ Address (where financial aid funds should be sent) _____

Phone _____ Fax _____ Email _____

Please return this form to the Bennington College Financial Aid Office by November 15 (for spring exchanges) or May 15 (for fall exchanges). Thank you.

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PART III: TO BE COMPLETED BY THE HOST INSTITUTION

Name of Student: _____

SSN: _____

VERIFICATION OF STUDENT REGISTRATION

I certify that the above-named student is registered for _____ credits, the equivalent of
☐ full-time ☐ half-time ☐ less-than-half-time attendance, for the _____ term at my institution.

Further, if the student's coursework is completed in a timely manner and he/she does not have an unpaid obligation on account at my institution, I agree that my institution will send final grades or evaluations, to be received by the Bennington College Assistant Registrar no later than February 10 (for student's fall term study) and August 1 (for student's spring term study). Late arrival jeopardizes the student's eligibility for financial aid in the coming term.

Name of Host Institution and Program

First Day of Term/Classes

Signature for the Host Institution

Date

Return Pages 3 & 4 to BENNINGTON COLLEGE:

Bennington College * Financial Aid Office * One College Drive * Bennington, VT 05201

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