BENNINGTON COLLEGE

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

2026-2027 CONSORTIUM AGREEMENT

This agreement is between Bennington College and the (host) 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 Dean's Office and the Business Office. The student is responsible for sending **Part III** and **IV** to the study abroad host program for completion.

PART I: TO BE COMP	LETED BY THE STUDENT	
Student's Full Name		
to my federal or state a I understand that cours Bennington College bac credits are accepted by An official transcript for received by the Assistan no later than February August 1st for students does not arrive by the d I authorize the release, authorize my Title IV (for tuition, room and board I understand that there	id funds. se credits from the host institution vecalaureate degree provided courses the Office of the Dean of the College academic coursework completed we	will be applied toward my are satisfactorily completed and ge. while on a consortium term must be fabroad for a full year. Transcripts are due the fall term and no later than I understand that if my transcript the following term's financial aid. It balance at Bennington College. It of for other charges only after en paid. It in fee of \$600 payable from the
Name of Host Institution	Program Title	Term(s) of Study
Student Signature	Date	

RT II:	TO BE COMPLETED BY BENNINGTON	COLLEGE
dent's Fu	ll Name	
This se	ection will be completed by the Be	ennington College <u>Business Office</u>
eligibility registration	acial aid funds for the consortium term will be so has been confirmed by the Bennington College I on is received (forms attached). Loans and other 1, 2026 for the fall term and February 15, 2027	Financial Aid Office and confirmation of funds may not be released earlier than
	ness Office has reviewed the student's accound does not have an outstanding balance owed to	
Signatur	re of Business Office Staff Member	Date
Print Na	me and Title	
	This section will be completed	by the Bennington College
	Provost and De	ean's Office
description the stude incorporate evaluation	nt's degree requirements at Bennington College ted into the student's Plan and approved by the n fee is charged on a per term basis. Final appro of the Study Abroad Committee and successful	ngton College, credits earned may be applied towar e as long as the program of study has been faculty and Dean. The \$600 transcript roval of the study abroad is contingent upon
	n's Office has reviewed the student's applica e the Consortium Agreement.	tion to study abroad and approves the request
Signatur	re of Study Abroad Director	Date
Print Na	me of Study Abroad Director	

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PART III: TO BE COMPLETED BY THE CONSORTIUM HOST INSTITUTION

Student Name		Host	School Nam	e		
Program Title						
Enrollment: O Full-Time	Less Than Fu	ıll-Time	From		То	
Upon completion of each ac be sent to Bennington Colleg summer study). Note that du Bennington.	ademic period, e (to arrive no l	grades or ater than F	evaluations, ebruary 10th	credit information after fall term stud	and course ly or August	descriptions will 1st for spring or
* wit	es to notify Benr s to enroll hdraws from the anges from full-t	e institutior	n	-	ent:	
Any adjustments to the stud students enrolled at your ins institution, is responsible for returned to Bennington Colle programs. The costs of attendary	titution. Should calculating a re ge as the Finan	l the stude fund in acc cial Aid Ofl	nt withdraw, cordance with fice there is r	Bennington College Federal Refund Ca esponsible for return	e, in consulta Iculation. An	tion with the hos y refunds must b
Estimated Cost of Attendance	FALL 20	026		SPI	RING 2027	
Tuition/Fees	\$			\$		
Housing	\$			\$		
Meals	\$					
Travel	\$			\$		
Required Fees	\$			\$		
Books/Supplies/Personal	\$			\$		
Other	\$			\$		
Total	\$			\$		
AID (grant/scholarship/loan) to be awarded by host institution:	\$			\$		
I understand that any financial the student's continued eligibilit disbursed to the student's accou that the student is fully registered	y for the aid has Int until Benning	s been verifi ton receives	ied by the Ber written verific	nnington College Fina ation from the host in	ancial Aid Offi nstitution (Part	ce. No aid will be IV form attached)
Signature of Host School C	Official	Printed N	ame	Titl	e	
InstitutionName/ProgramTit	le	Address (where financia	l aid funds should be s	sent)	
Phone		Fax		Er	nail	

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PART IV: TO BE COMPLETED BY THE CONSORTIUM HOST INSTITUTION					
Name of Student	SSN				
VERIFICATION OF STUDENT REGISTRATION					
I certify that the above-named student is registered □ full-time □half-time □less-than-half-time attendance,	•				
Further, if the student's coursework is completed in a timely manner and they do 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

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