2015-16 Financial Aid Contractual Agreement
with Foreign Schools Ineligible to Award or Accept Title IV Funds

This financial aid contractual agreement is required by the US Department of Education for the purpose of establishing conditions under which the Home Institution, Dominican School of Philosophy and Theology, can award and process financial aid to a student attending a foreign institution that is ineligible to pay or process Title IV federal student aid. This agreement is for a student who is enrolled as a non-degree student at the Host institution, Pontifical University of St. Thomas Aquinas while remaining matriculated as a degree candidate at the DSPT.

TERMS OF THIS AGREEMENT
By signing the agreement, the Pontifical University of St. Thomas Aquinas agrees that the named student has been accepted for enrollment as a non-degree student. The Pontifical University of St. Thomas Aquinas further agrees to provide information about the total cost of the student’s attendance, to confirm the student’s enrollment, and to notify DSPT if the student withdraws from the program or drops below the number of credit hours specified on this agreement. The Pontifical University of St. Thomas Aquinas will provide, upon the student’s request, an academic transcript that will evidence satisfactory conclusion of the program. The Pontifical University of St. Thomas Aquinas agrees to withhold processing any institutional financial aid for the student during the period of enrollment.

DSPT agrees to process the student’s financial aid application, and to calculate and disburse financial aid based on the student’s eligibility and the cost of attendance at the host institution. DSPT will maintain all financial aid records in accordance with Title IV federal student aid regulations and institutional policies. Furthermore, DSPT agrees to certify that coursework taken at Pontifical University of St. Thomas Aquinas is transferable and applicable towards the requirements of the DSPT program in which the students is enrolled.

This document has been drawn up to comply with all pertinent U.S. Department of Education regulations and the policies of DSPT.

SECTION I: STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>E-mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>City</th>
<th>State/Country</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student ID Number ______________________ and/or Alien Registration Number: ______________________

Period of Enrollment: from (term/year) ______________________ to (term/year) ______________________

Under this contractual agreement, the student will:

1. Be enrolled in a degree program at DSPT;
2. Maintain DSPT Satisfactory Academic Progress;
3. File a FAFSA and complete the required financial aid paperwork prior to all applicable deadlines;
4. Take courses at Pontifical University of St. Thomas Aquinas which are transferable to a DSPT degree program as certified by the DSPT Academic Dean;
5. Immediately inform the DSPT/GTU Consortial Financial Aid Office of any change in enrollment status, including cancellation in attendance, substitution of approved courses, or any change to the total number of semester units specified in this contract.
6. Provide DSPT with an official academic transcript from Pontifical University of St. Thomas Aquinas upon completion of the contractual period;
7. Pay tuition, fees and other expenses as charged by Pontifical University of St. Thomas Aquinas and/or DSPT; and
8. Provide DSPT with documentation of the enrollment at Pontifical University of St. Thomas Aquinas, as requested.

I understand that I can only receive Title IV aid from DSPT and that I am responsible for any fees at both institutions not covered by my financial aid. It is my responsibility as the student to ensure that my aid is in order prior to payment due dates if I expect aid to cover all or part of my fees. Furthermore, I understand that I must comply with all home and host institutions’ policies.

Student’s Signature ______________________ Date ______________________
SECTION II: TO BE COMPLETED BY THE PONTIFICAL UNIVERSITY OF ST. THOMAS AQUINAS

Student enrollment information

Enrollment Dates at the PONTIFICAL UNIVERSITY OF ST. THOMAS AQUINAS: _____________ to _____________

Cost of Attendance:
- Tuition & Fees: __________________________
- Books & Supplies: ________________________
- Room & Board: __________________________
- Transportation: _________________________
- Medical: ________________________________
- Miscellaneous: __________________________
- Total: __________________________________

Pontifical University of St. Thomas Aquinas Contact Name/Title Phone Email

Signature Date

Address

*DSPT students typically register as an extraordinary student
**Transfer credit policies of DSPT apply. Final transfer credit determination and continuation of financial aid requires submission of an official transcript.

SECTION III: TO BE COMPLETED BY DSPT

The DSPT/GTU Consortial Financial Aid Office will process all financial aid for the student in accordance with its policies and procedures. The student will receive any unused portions as a credit refund.

Enrollment Dates at the Pontifical University of St. Thomas Aquinas: _____________ to _____________

(Students Name) ________________________________ intends to enroll in the following courses at the Pontifical University of St. Thomas Aquinas. These courses are the academic equivalent to the DSPT courses listed.

<table>
<thead>
<tr>
<th>Pontifical University of St. Thomas Aquinas Course Name &amp; Number</th>
<th>ECTS Units</th>
<th>Credit Hours</th>
<th>DSPT Equivalent Course Name &amp; Number</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DSPT Academic Dean Signature Date

Cost of Attendance:
- Tuition & Fees: __________________________
- Books & Supplies: ________________________
- Room & Board: __________________________
- Transportation: _________________________
- Medical: ________________________________
- Miscellaneous: __________________________
- Total: __________________________________

◆ (510) 649-2469 finaid@gtu.edu

Financial Aid Administrator’s Name/Title Phone Email

GTU Financial Aid Administrator’s Authorized Signature Date

This agreement must be complete and on file before any funds are released. Because the host institution is not eligible to award/receive Title IV funds, all eligible funds will be paid to the student. It is the student’s responsibility to meet payment obligations with the host institution.

Return this completed form to:
Consortial Financial Aid Office ♦ Graduate Theological Union ♦ 2400 Ridge Road ♦ Berkeley, CA 94709 ♦ Fax Number: (510) 649-1730