



# Membership Agreement

## The Academic Consortium

**Name of Institution:** \_\_\_\_\_

Whereas the above-named institution (hereafter “the Member Institution”) intends to co-sponsor study abroad programs offered by the Academic Consortium of the Council on International Educational Exchange (hereafter “CIEE”) and to send students on one or more of these programs, and CIEE seeks to provide study abroad opportunities to students enrolled at the Member Institution, CIEE and the Member Institution hereby agree as follows.

**The Member Institution agrees that it will:**

1. Announce CIEE programs to its students and circulate to students informational materials provided by CIEE;
2. Carefully screen applicants to CIEE programs and forward appropriate candidates to the CIEE Portland office in advance of the application deadlines;
3. Maintain its students eligibility for financial aid during the period of participation in CIEE programs;
4. Abide by academic policies set by CIEE and by host institutions and inform students and CIEE Enrollment Officers in advance of any additional academic policies set by the Member Institution;
5. Inform students in advance of any special conditions which may apply to their study programs abroad (such as a requirement to take any specific courses or to obtain specified grades as a condition for awarding credit);
6. Grant credit to its students for work completed on CIEE programs provided the appropriate institutional representatives have approved the courses and the student has completed the courses with satisfactory grades; and
7. Participate in Academic Consortium governance, program evaluation, and other activities.

**CIEE agrees that it will:**

1. Provide informational materials to the Member Institution each semester, as requested;
2. Accept qualified applicants from the Member Institution and inform students and the Member Institution in a timely manner concerning admissions decisions;
3. Give preference to qualified applicants from Member Institutions in the case of programs with limited enrollments;
4. Provide participant materials to accepted students in advance of departure;
5. Provide an appropriate orientation to students upon arrival in the host country;
6. Provide appropriate academic and non-academic support services to enrolled students;
7. Provide a reasonable opportunity for students to communicate with officials at the Member Institution for the purpose of obtaining approval for course changes;
8. Provide an academic record in a timely manner after the conclusion of the program;
9. Provide opportunities to faculty and staff at the Member Institution to become familiar with CIEE programs, evaluate CIEE programs, and make suggestions concerning program content, structure, and services; and
10. Make every effort to fulfill the stated needs of the Member Institutions as set forth by the Academic Consortium Board.

**For the Member Institution:**

**For CIEE:**

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Contacts

### Academic Consortium Voting Representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Institution website: \_\_\_\_\_

### Primary Advisor: CIEE's main contact at your institution

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Billing Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Grades Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_



**Faculty Representative 1**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Faculty Representative 2**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_