



ENGAGE. EXPERIENCE. EMBRACE. EDUCATE.

Membership Agreement – Academic Consortium

Name of Institution: _____

The above-named institution (hereafter “the Member Institution”) is involved or interested in the field of international education and desires to promote and contribute to the international understanding and peaceful cooperation between nations that is engendered through international education. CIEE seeks to offer study abroad programs approved by its Academic Consortium and 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. Participate in Academic Consortium governance, program evaluation, and other activities,
2. Announce CIEE programs to its students and circulate to students informational materials provided by CIEE,
3. Carefully screen applicants to CIEE programs and forward appropriate candidates to CIEE’s Portland office in advance of the application deadlines,
4. Facilitate federal aid for eligible students for the period of participation in CIEE programs,
5. Support academic policies set by CIEE and by host institutions and inform students and CIEE Study Abroad Advisors in advance of any additional academic policies set by the Member Institution,
6. 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), and
7. 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.
8. Pay annual dues as set out by CIEE on <http://www.ciee.org/study/acmember>,

CIEE agrees that it will:

1. Provide the benefits to Academic Consortium Members as set out from time to time on <http://www.ciee.org/study/acmember>,
2. Provide informational materials to the Member Institution each semester, as requested,
3. Accept qualified applicants from the Member Institution and inform students and the Member Institution in a timely manner concerning admissions decisions,
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.

This Agreement has a term of one year, running from January 1 to December 31. Agreement is automatically renewed for successive terms of one year unless either party notifies the other party that it does not want to renew. Such notice shall happen no later than 60 days prior to the renewal date.

Members are eligible to receive the benefits set out in this agreement if their payment status is in good standing.



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For the Member Institution:

Name/Signature

Title

Date

For CIEE:

Name/Signature

Title

Date



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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: _____



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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: _____

Please submit your completed application to:

CIEE
Membership Services
Attention: Rebecca Buchanan
300 Fore Street
Portland, ME 04101

Phone: (207) 553-4195
Fax: (207) 553-5080
E-mail: rbuchanan@cieee.org



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AC Membership Fee Payment Information:

___ \$450 annual fee

___ I am enclosing a check* for the amount above made payable to CIEE.

**Please write AC Membership on the check.*

Check number: _____

___ I would like to pay by credit card.

You may also fax this form (credit card payments only, please) to:

1-207-553-4080,
ATTN: Shannon Cote, Sr. Coordinator, Institutional Relations

Payment by credit card: Your signature below authorizes us to charge the total amount due.

Cardholder's name (signature): _____ Today's date: _____

Cardholder's name (print): _____

Cardholder Email Address: _____
(contact info will ONLY be used in the event of problems with processing the payment.)

Complete Billing Address of Cardholder:

Street Address: _____

City: _____ State/Country: _____ Postal Code: _____

Daytime Phone Number: (____) _____ Evening Phone Number: (____) _____

Card Information: American Express is not accepted

Card Type: Visa MasterCard Discover

Account # _____

Expiration Date: ____/____/____

V-Code (3-digit number on back of card by signature line): _____

Please call 1-207-553-4080 or e-mail Shannon Cote: scote@cieee.org with any questions.