SUNY New Paltz OFFICE OF FINANCIAL AID 200 Hawk Drive New Paltz, NY 12561-2437

Phone: (845) 257-3250 Fax: (845) 257-3568

CONSORTIUM AGREEMENT

Federal Regulations, this Consortium Agreement is	eral Provisions, and Part 690.8, Pell Grant Program, Code of sentered into between the State University of New York at (the Host Institution) for the purpose wing student named below:
3. Address	2. Social Security Number
4. Academic Period	5. Dates of Enrollment CAMPUS BASED AID DIRECT LOAN
6. This agreement applies to: PELL GRANT	CAMPUS BASED AID DIRECT LOAN
TO BE COMPLETED	BY THE HOST INSTITUTION:
7. Pell Grant cost of attendance for the academic y8. Institutional budget for campus-based financial9. Number of credits enrolled for:10. Dates of enrollment:	
<u>CER</u>	ΓΙΓΙCATION:
A. The Host Institution certifies that the above-refe number five.	renced student is enrolled for the period of attendance in
that it will <u>NOT</u> certify a Direct Student Loan or stipulated in number five. Further, the Host Inst if the student withdraws before the end of the pe	rned at the Host Institution as approved in number nine.
0 1	s program pursuit and satisfactory academic progress and to
SUNY NEW PALTZ:	HOST INSTITUTION:
Signature	Signature
Title	Title