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

As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between the State University of New York at New Paltz (the Home Institution) and (the Host Institution) for the purpose of providing federal financial assistance to the following student named below:	
1. Name of Student	
6. This agreement applies to: PELL GRANTCAMPU	JS BASED AID DIRECT LOAN
TO BE COMPLETED BY THE HOST INSTITUTION:	
7. Pell Grant cost of attendance for the academic year:8. Institutional budget for campus-based financial aid for the9. Number of credits enrolled for:10. Dates of enrollment:	period of enrollment:
<u>CERTIFICATION:</u>	
 A. The Host Institution certifies that the above-referenced student is enrolled for the period of attendance in number five. B. The Host Institution agrees that it will NOT pay the student a Pell Grant and/or any campus-based funds and that it will NOT certify a Direct Student Loan or a Direct Parent Loan during the period of attendance stipulated in number five. Further, the Host Institution agrees that, if aware, it will inform SUNY New Paltz if the student withdraws before the end of the period of attendance stipulated in number five. C. SUNY New Paltz agrees to accept the credits earned at the Host Institution as approved in number nine. D. SUNY New Paltz agrees to process aid for the programs indicated if eligible. E. SUNY New Paltz agrees to monitor the student's program pursuit and satisfactory academic progress and to be responsible for disbursing funds and for administering the appropriate refund policy. 	
SUNY NEW PALTZ:	HOST INSTITUTION:
Signature	Signature
Title	Title