VISITING STUDENT/CONSORTIUM AGREEMENTS

STUDENTS MATRICULATED AT SUNY NEW PALTZ VISITING ANOTHER COLLEGE:

** PLEASE NOTE: THESE GUIDELINES DO NOT APPLY TO STUDY ABROAD STUDENTS **

In addition to completing your FAFSA (& verification if applicable), you also need to submit the following information to the Financial Aid Office:

1- **Completed Consortium Agreement:** This form must be completed and signed by the Financial Aid Office of the host college before submitting it to our office. It can be obtained from our website ([https://www.newpaltz.edu/financialaid/forms.html](https://www.newpaltz.edu/financialaid/forms.html)).

2- **Completed and Signed Visiting Student Authorization Form:** All sections of this form must be completed. You must check the appropriate box indicating how you would like the Office of Student Accounts to process your refund. The form must be initialed and signed in order for us to process your request for a Consortium Agreement.

3- **Copy of Registration:** Provide a copy of your registration from the Host College showing course names and credit values.

4- **Copy of Bill:** Provide a copy of your bill from the Host College.
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 _______________________________  2. Social Security Number _______________________________
3. Address _______________________________________________________________________________________
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 year:     $________________
8. Institutional budget for campus-based financial aid for the period of enrollment: $________________
9. Number of credits enrolled for:       ________________
10. Dates of enrollment:       ________________

CERTIFICATION:

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:  
(Financial Aid Office Representative)  
Signature ____________________________________________________________________________
Title: ____________________________________________________________________________
Date: ____________________________________________________________________________
Phone # ____________________________________________________________________________
Fax # ____________________________________________________________________________

HOST INSTITUTION:  
(Financial Aid Office Representative)  
Signature ____________________________________________________________________________
Title: ____________________________________________________________________________
Date: ____________________________________________________________________________
Phone # ____________________________________________________________________________
Fax # ____________________________________________________________________________
Visiting Student Authorization

This form is required if you are requesting a Consortium Agreement. Please note that your financial aid is subject to change if you fail to meet any of the necessary requirements.

Name: _______________________________________________ New Paltz ID#_____________________
Email Address: ___________________________________________ Phone: __________________________
Semester: [ ] SUMMER [ ] FALL [ ] SPRING Academic Year: __________________________
Host Institution: ___________________________________________ Host Institution ID#____________________
Number of Credits Enrolled at New Paltz:_______ Number of Credits Enrolled at Host Institution:_______

By initialing this box, you acknowledge that you have checked the SUNY New Paltz Transfer Course Equivalencies database, received academic advising for all the courses listed above and that they will apply towards your degree.

Initial here: ________

Refund Authorization

Choose an option below to indicate how you would like the Office of Student Accounts to process your refund:

[ ] I DO NOT want my refund sent to the institution listed above. I understand that by checking this box that any refund on my account will be sent directly to me and/or my parent (if applicable) and I will be responsible for any balance owed to the Host Institution.

[ ] I authorize the Office of Student Accounts at SUNY New Paltz to send my refund to the Host Institution listed below on my behalf. [Enter Institution Information Below]

*Amount of your refund that you would like sent to Host College: $___________________*
[By leaving the amount blank, you authorize the college to send your entire refund to the host college]

Name and Address of Institution where funds are to be sent:

Address Line 1:__________________________________________________________________________
Address Line 2: __________________________________________________________________________
City: __________________________________________ State: ___________________ Zip: __________________

Student Signature:_______________________________________________________________________ Date:____________________

SUNY NEW PALTZ OFFICE OF FINANCIAL AID
Wooster Hall 124
200 Hawk Drive New Paltz NY 12561
Phone: 845-257-3250
Fax: 845-257-3568
Email: fao@newpaltz.edu