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 by the Financial Office of the host college before submitting it to our office. It can be obtained from our website.

2- **Completed and Signed Refund 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.

3- **Copy of Transfer of Credit Form:** signed and dated by your New Paltz Advisor (available from the Office of Records & Registration at New Paltz). This form is necessary to show that credits are applicable to your degree at New Paltz.

4- **Copy of Registration:** from Host College showing course names and credit values.

5- **Copy of Bill:** from 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 _______________________________________________________________________________
4. Academic Period _______________________________
5. Dates of Enrollment ______________________
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:  HOST INSTITUTION:
(Financial Aid Office Representative)  (Financial Aid Office Representative)

Signature _______________________________  Signature ______________________________
Title: ___________________________________  Title: ________________________________
Date: ___________________________________  Date: ________________________________
Phone# ______________  Fax# ______________  Phone# ______________  Fax# ______________