



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



## 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 Office of Student Financial Services:

- 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>).
- 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.



State University of New York at New Paltz  
 OFFICE OF STUDENT FINANCIAL SERVICES  
 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 \_\_\_\_\_ 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:**

(Office of Student Financial Services 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: \_\_\_\_\_

### Transfer of Credit

Course # _____ (New Paltz)	Course # _____ (Host College)	Course Title _____	# Credits _____
Course # _____ (New Paltz)	Course # _____ (Host College)	Course Title _____	# Credits _____
Course # _____ (New Paltz)	Course # _____ (Host College)	Course Title _____	# Credits _____

**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: \_\_\_\_\_