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.
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 # ____________ Course Title ________________ # Credits _______
(New Paltz) (Host College)

Course # ____________ Course Title ________________ # Credits _______
(New Paltz) (Host College)

Course # ____________ Course Title ________________ # Credits _______
(New Paltz) (Host College)

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 STUDENT FINANCIAL SERVICES

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