



This Consortium Agreement is entered into between the State University of New York College at Brockport (the home institution) and the indicated host institution for the purpose of providing federal financial assistance to the degree seeking, matriculated, undergraduate student named below. **This is only possible if the student has not already transferred the maximum credits allowed at SUNY Brockport (64 credits from two-year institutions and 90 from four-year institutions) and is making satisfactory academic progress.** This completed document must be on file with all concerned parties before SUNY Brockport will disburse any financial aid funds for the period of study in question.

Part I: To Be Completed By Student

Name: _____ SS#: _____

This Consortium Agreement is an agreement between SUNY Brockport and the host institution for the enrollment period verified (Part II) by the host institution. The Office of Student Accounts at Brockport **will disburse all aid funds to the student for that particular enrollment period. It is the student's responsibility to pay the host institution any monies due.** It is the responsibility of the host institution to inform SUNY Brockport's Financial Aid Office of any change of enrollment or withdrawal from the program as this would require the student's aid eligibility to be recalculated. A visiting student separation code will be placed on your student record for federal financial aid purposes only.

Complete student address where checks should be mailed:

Date of Visiting Enrollment:

From ____/____/____

To ____/____/____

Academic Year: _____

A copy of your course approval form must be on file with the Financial Aid Office before aid can be processed for these courses. If you will be **full time** at the host institution, you must apply for your TAP through that school. You may be required to file a TAP change form. Contact the host school. If you are taking courses at both your home and host school during the same semester, TAP should be requested through SUNY Brockport. It is a requirement that a copy of the course approval form and a copy of your bill from the host school be turned into the Office of Student Accounts at SUNY Brockport.

I certify that I am a matriculated undergraduate student at SUNY Brockport and in good academic standing. I am requesting to receive financial aid from SUNY Brockport while taking courses at another school. These courses will be applied to my SUNY Brockport transcript and used toward the completion of my degree program.

Student's Signature _____ **Date** _____

Note: A copy of this form will be returned to the student after completion by all parties. A pre-loan tutorial must be done before any educational loans may be disbursed. If awarded Federal Perkins Loan or Federal Nursing Loan, the student should contact the SUNY Brockport Financial Aid Office to arrange to sign the loan documents.

Part II: To Be Completed By Host Institution

The student is currently registered for the following courses:

Detailed Institutional Budget for Financial Aid for Period of Enrollment	<u>Course #</u>	<u>Course Title</u>
Tuition and Fees \$ _____	_____	_____
Room and Board* \$ _____	_____	_____
Books and Supplies* \$ _____	_____	_____
Transportation* \$ _____	_____	_____
Other (Specify)* \$ _____	_____	_____

Number of Credits Enrolled in at Host Institution: _____ Length of Period of Enrollment: _____ weeks
Actual Dates of Enrollment for these Credits: _____ Terms of Enrollment: _____ Summer _____ Fall
From ____/____/____ To ____/____/____ _____ Spring _____ Other

Host institution expenses will be used in calculating awards.

*SUNY Brockport expenses will be used unless a change of residence is required.

Certification

- A. The Host Institution certifies that the above-referenced student is enrolled for the stated period of attendance. **The Host Institution certifies that it will inform SUNY Brockport if the student withdraws before the end of the stated period of attendance as well as providing amended cost of attendance figures**, in order for SUNY Brockport to perform any necessary recalculation of the student's financial aid (i.e. return of TITLE IV funding)
- B. The Host Institution agrees that it will **not** pay the student a Federal Pell Grant/ ACG/SMART Grants and/or any campus-based funds and that it will not certify a Federal Family Educational Loan or Federal Direct Student Loan for the stated period of attendance.
- C. SUNY Brockport agrees to accept the credits earned at the Host Institution toward completion of a SUNY Brockport degree, if the proper course approval form has been certified by the SUNY Brockport Office of Academic Advisement.
- D. SUNY Brockport agrees to monitor the student's program pursuit and satisfactory academic progress, to be responsible for disbursing funds to the student and for administering the appropriate refund policy, including the recalculation of any TITLE IV aid if the student should withdraw.
- E. The Host Institution agrees the student will apply for all New York State grant/scholarship programs through the Host Institution if the student will be enrolled on a full-time basis at the Host Institution.
- F. The Host Institution certifies that it is a TITLE IV eligible institution.
- G. The Host Institution certifies that it has entered into a consortium or contractual agreement with any foreign institution with which they are participating in a Study Abroad program.
- H. Host institution agrees that SUNY Brockport will report the student's data for enrollment reporting for the National Student Loan Data System as well as all other required reporting structures including the Fiscal Operation Report and Application to Participate.

Host Institution's Signature _____ Title _____
Name of Host Institution _____ Date _____
Telephone Number (_____) _____ Address _____
FAX Number (_____) _____

Note: Please return this form to the SUNY Brockport Financial Aid Office. A certified copy will be returned to you upon completion.

Part III: To Be Completed By SUNY Brockport Financial Aid Office

SUNY Brockport agrees to the terms stated above and authorizes the release of financial aid funds to the address designated by the student in Part I. Financial Aid awards to be received by the student for the stated period of attendance are as follows:

Federal Pell	\$ _____	Federal Direct PLUS Loan	\$ _____
Federal SEOG	_____	Other	_____
Federal Perkins Loan	_____		_____
Federal Nursing Loan	_____		_____
Federal Direct Sub. Stafford Loan	_____		_____
Federal Direct Unsub. Stafford Loan	_____		_____

If checked, student is also attending SUNY Brockport. Any financial aid received must first be applied to SUNY Brockport expenses.

Note: Student's NYS grants/scholarships must be applied for through the Host Institution if the student is enrolled full-time. Revised award estimates based on Host Institution tuition and fees should be included in the SUNY Brockport's financial aid package.

SUNY Brockport Signature _____ Title _____ Date _____

Distribution:

- Host Institution
- SUNY Brockport Financial Aid Office
- SUNY Brockport Office of Student Accounts
- SUNY Brockport Registration and Records Verification Clerk
- Student

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

M13 5/22/08