

## SUNY College of Technology at Alfred State Financial Aid Consortium Agreement

As allowed under 34 CFR 668.5 students enrolled and matriculated at SUNY College of Technology at Alfred State (HOME) may receive financial aid for those courses taken at another institution (HOST) if those courses are applicable to their program of study. This consortium agreement is entered into between:

Alfred State and \_\_\_\_\_  
Name of Host Institution

for the purpose of providing financial aid assistance to the student named below:

**Section I – to be completed by the student.**

Study Abroad:      { } Yes                      { } No  
If yes, name of country: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_ Academic Major: \_\_\_\_\_

Student Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Term covered under this consortium:      { } Summer 20\_\_\_\_      { } Fall 20\_\_\_\_      { } Spring 20\_\_\_\_

The student must:

1. Not be receiving financial aid from the host institution.
2. Verify with host institution if they will defer payment under this consortium agreement.
3. Be matriculated in a degree-granting program at Alfred State and making satisfactory academic progress as specified by the college's published policy.
4. Complete the Free Application for Federal Student Aid (FAFSA) and have all financial aid requirements satisfied.
5. Obtain certification on Section II of consortium agreement from academic department adviser or Registrar's Office transfer adviser that requested course(s) is acceptable into his/her program of study at Alfred State.
6. Submit this completed consortium agreement to the Student Financial Services Office at Alfred State.
7. Submit proof of course registration and billing statement from the host institution to the Student Financial Services Office at Alfred State.
8. Submit grade transcripts from the host institution upon completion of the course(s) to the Student Financial Services Office and the Registrar's Office at Alfred State.

I understand that I can only receive financial aid from my degree-granting institution. I authorize Alfred State to use financial aid funds otherwise payable to me towards my bill at the host institution. I also understand that if the host institution does not defer my bill against this consortium agreement I am responsible to pay the host institution any monies due by their due date and that Alfred State will pay me any aid due according to their disbursement schedule. If I drop any credit hours or withdraw completely during the term specified, I may be required to repay financial aid (including student loans). I understand that financial aid may not cover my bills at both institutions and that I am responsible for any unpaid balances. This consortium agreement is only valid for the term specified above.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section II – to be completed by student’s academic adviser or Registrar’s Office transfer adviser.**

Applicable course(s) at host institution:

Course Number	Course Name	Credit Hours	Apply to Program as: (i.e., humanities elective)

I certify that \_\_\_\_\_ has been approved to enroll at the above-named host institution for the term \_\_\_\_\_  
Name of student  
 specified and that the course(s) listed here are applicable to the student’s program of study at Alfred State.

Adviser’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser’s Name (please print): \_\_\_\_\_ Department: \_\_\_\_\_

**Section III – to be completed by a financial aid officer at the host institution.**

Host institution agrees to defer student bill against anticipated financial aid\* { } YES { } NO

\*Payment to host institution made upon receipt of transfer credit to home institution.

Number of credit hours student is enrolled for at your institution: \_\_\_\_\_  
 Period of enrollment that the student will attend your institution (mm/dd/yy): Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_

**Cost of Attendance for Term:**

Tuition . . . . . \$ \_\_\_\_\_  
 Fees . . . . . \$ \_\_\_\_\_  
 Books/Supplies . . . . . \$ \_\_\_\_\_  
 Room/Board . . . . . \$ \_\_\_\_\_  
 Transportation . . . . . \$ \_\_\_\_\_  
 Personal/Miscellaneous . . . \$ \_\_\_\_\_

Student’s bill at host institution . . . . . \$ \_\_\_\_\_  
*Should financial aid not cover the bill in its entirety the student shall be responsible for payment of any unpaid balance.*

Total COA for Term . . . . . \$ \_\_\_\_\_

Name of Bursar: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Pell Grant COA for aid year \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Section IV – Certification**

The host institution certifies that student is enrolled for the term covered under this consortium agreement. The host institution agrees that it will not pay the student a federal Pell Grant or any campus-based funds, and that it will not certify a federal Stafford Loan or TAP award for the period of enrollment covered under this consortium agreement. Should the student withdraw from any courses taken under this agreement, the host institution will notify the office of Student Financial Services at Alfred State.

Alfred State will accept the credits earned at the host institution as approved under Section II of this consortium. Alfred State agrees to monitor the student’s pursuit of program requirements and satisfactory academic progress. Alfred State agrees to disburse funds to either the host institution if payment is deferred or to the student if payment is not deferred using the appropriate refund policy. Alfred State will determine return of Title IV aid calculations as necessary, certify and pay student’s TAP award if eligible, award the student’s degree, report student’s enrollment to NSLDS and include student data as part of its FISAP report.

Host Institution Certifying Official

Home Institution Certifying Official

Name and Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_