



Financial Aid Office  
10 Upper College Drive  
Alfred, NY 14802

1-800-4-ALFRED  
Fax:(607)587-4298  
E-mail [web.alfredstate.edu/askasc](mailto:web.alfredstate.edu/askasc)

## ALFRED STATE COLLEGE CONSORTIUM AGREEMENT PROCEDURES FOR STUDY ABROAD

When requesting financial aid to complete coursework at another college or university.

Alfred State College will process financial aid for its matriculated students who are also attempting coursework as a “visiting” student at another college or university. It is the student’s responsibility to complete the following steps in order to have financial aid processed using a consortium agreement.

1. Verify with your host institution if they participate in consortium agreements and if they will defer payment on your bill until your financial aid can be sent to them. Not all colleges and universities participate.
2. Obtain written approval from your academic advisor to take the coursework at another school. The approval must indicate that the coursework will be accepted back at Alfred State College for transfer credit toward your degree requirements. Coursework which will not be used for your current Alfred State College degree requirements may not be included. Course approvals must be submitted to the Alfred State College Financial Aid Office along with the completed consortium.
3. Students must complete Part I and submit the consortium agreement to the financial aid office at the visiting host institution to complete Part II.
4. After Part II has been completed by the visiting host institution, the agreement needs to be returned directly to: Financial Aid Office, Alfred State College, Alfred, NY 14802 or via FAX at 1-607-587-4298.
5. Students must file the Free Application for Federal Student Aid (FAFSA) and submit any additional documentation requested by the Financial Aid Office at Alfred State College.
6. Students who are NYS residents and will be enrolled full-time with a combined total of 12 credit hours should also apply for New York State TAP. Traditional part-time students may contact the Alfred State College Financial Aid Office for information on the Aid for Part-Time Study grant program.
7. Students must provide proof of course completion to Alfred State College at the end of the course(s).
8. Students who withdraw from classes may lose financial aid eligibility. It is the student’s responsibility to check with the Alfred State College Financial Aid Office to determine if there will be an impact on eligibility.
9. A consortium agreement may be processed for only one semester. Therefore, students who need an additional agreement processed will be responsible for obtaining a new consortium agreement for each semester.

Students should allow approximately two weeks for processing a consortium agreement once all required documentation has been submitted to the Financial Aid Office at Alfred State College.

# CONSORTIUM AGREEMENT

## PART I (to be completed by student)

As allowed by regulation this Consortium Agreement is entered into between  
Alfred State College and

\_\_\_\_\_  
Name of host institution

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

for the purpose of providing financial aid assistance to the following student:

1. Student Name \_\_\_\_\_
2. Student Social Security # \_\_\_\_\_
3. Home Address \_\_\_\_\_  
\_\_\_\_\_
4. Dates of Visiting Enrollment From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

I have attached a copy of my academic course approval to this agreement. I authorize release of any information and/or financial aid awarded by Alfred State College to be used first to satisfy all college bills and then to myself. I understand that my financial aid may not totally pay my bills at both colleges and that I may be responsible for payment of any unpaid balances.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II (to be completed by host institution)

5. Pell Grant Cost of Attendance for academic year 07/01/\_\_\_\_ to 06/30/\_\_\_\_ \$ \_\_\_\_\_
6. Institution budget for campus-based aid for period of enrollment. \$ \_\_\_\_\_
7. Number of credit hours student is registered for. \_\_\_\_\_ HRS.
8. Term the student is registered for (check one): \_\_\_\_ SUMMER \_\_\_\_ FALL \_\_\_\_ SPRING
9. Length of term of visiting enrollment. \_\_\_\_\_ WEEKS
10. Your charge per credit hour. \$ \_\_\_\_\_
11. Will your institution certify a TAP award for this student? \_\_\_\_ YES \_\_\_\_ NO
12. Will your institution allow this student to defer his or her bill against anticipated financial aid? If yes, provide the name and address of the bursar at your institution to whom payment should be forwarded. \_\_\_\_ YES \_\_\_\_ NO  
Name of Bursar \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
13. Student's bill at host institution. \$ \_\_\_\_\_  
In the event that there is not enough financial aid to cover the bill, the student will be responsible for payment of any unpaid balance.

