

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 . . . \$ _____

 Total COA for Term \$ _____

 Pell Grant COA for aid year \$ _____

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.

 Name of Bursar: _____
 Address: _____

 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: _____