

Student Name: _____

Banner ID#: 800 _____

2022/23 – M13



Visiting Student Consortium Agreement Information Sheet

The Consortium Agreement allows undergraduate students to receive financial aid for courses taken at another school (host institution). The credits you take at the host institution are added to the credit hours you are registered for at SUNY Brockport. For example, in fall 2022, if you take 6 credits at SUNY Brockport and 6 credits at a host institution, we will consider you to be enrolled in 12 credit hours for financial aid. Note: **If you will be visiting at another SUNY school, you should not use this form. Apply instead at SUNY.edu/crossregister.**

Please read prior to completing this form:

- You are allowed to transfer in a maximum of 64 credits from two-year schools or 90 credits from a combination of two and four-year schools. If you've already transferred in the maximum number of credit hours, your Consortium Agreement will not be processed.
- You will need to get part II of this form completed by the Transfer Credit Services Office. The courses listed on the form must match the courses you are registered for at the host institution.
- If attending SummerSession or WinterSession, a separate Brockport financial aid application is required and can be found at: http://www.brockport.edu/finaid/forms_center
- If studying abroad, we will verify that you are accepted into the study abroad program and require an itemized budget sheet showing the cost of the program.
- If you'd like to receive federal student aid, please make sure your Free Application for Federal Student Aid (FAFSA) is completed and all financial aid requirements are satisfied.

The completed Consortium Agreement (parts 1-3) must be submitted to the Financial Aid Office for processing prior to the credit census date for the term. The census date will occur immediately following the end of the drop period. For Summer Session, it is July 15th.

Late and/or incomplete Consortium Agreements will not be processed. Please contact SUNY Brockport Financial Aid Office if you have any questions.

M13 (11/2/2022)

Student Name: _____

Banner ID#: 800 _____

2022/23- M13



**SUNY
BROCKPORT**
Financial Aid Office

VISITING STUDENT CONSORTIUM AGREEMENT

This Consortium Agreement is entered into between SUNY Brockport (the home institution) and the indicated non-SUNY host institution for the purpose of providing federal financial assistance to the degree seeking, matriculated, undergraduate student named below. **Note: Student's visiting a SUNY institution should not use this form. They should instead submit a request at www.suny.edu/crossregister.** A consortium 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. The completed Consortium Agreement and all required documentation must be submitted to SUNY Brockport's Financial Aid Office by our Federal Credit Census Date.

Part I: To Be Completed By Student

Name: _____ Date of Birth: _____

Date of Visiting Enrollment: From ___/___/___ To ___/___/___ Academic Year: _____

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 and Accounting at SUNY Brockport **will disburse all aid funds first to the Brockport student account and then 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.

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 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 transcript at SUNY Brockport and used toward the completion of my degree program.

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

Student's Signature _____ Date _____

Part II: To Be Completed By SUNY Brockport, Transfer Credit Services

Please have the Transfer Credit Services Office complete this form indicating the number of credit hours that you have transferred in from a two year and/or four year institution.

Number of credits transferred from a two-year institution _____ (total transfer credits may not exceed 64 credits) *

Number of credits transferred from a four-year institution _____ (total transfer credits may not exceed 90 credits) *

I certify that the courses indicated in Part III of the Consortium Agreement are transferrable back to SUNY Brockport, based upon the information on file as of the date the form is signed.

Transfer Credit Services Signature: _____ Date: _____

*If the student has already transferred in the maximum number of credits, a consortium agreement may not be processed.

Part III: 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		Course #	Course Title
Tuition	\$ _____	_____	_____
Fees	\$ _____	_____	_____
Room*	\$ _____	_____	_____
Board*	\$ _____	_____	_____

(Part III continued on next page)

Books and Supplies* \$ _____
 Transportation* \$ _____
 Other (Specify)* \$ _____

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

Number of Credits Enrolled in at Host Institution: _____ Length of Period of Enrollment: _____ weeks
 Actual Dates of Enrollment for these credits: From ____/____/____ To ____/____/____
 Terms of Enrollment: _____ Fall _____ Spring _____ Summer _____ Other
 Host institution expenses will be used in calculating awards.

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 within 15 days of the change in the enrollment status**, 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 and/or any campus-based funds and that it will not certify a 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 SUNY Brockport Transcript Services.
- 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 SUNY Brockport's Financial Aid Office. A certified copy will be returned to you upon completion.

Part IV: 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 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 SUNY Brockport's financial aid package.

SUNY Brockport Signature _____ Title _____ Date _____

Distribution:
 Host Institution
 SUNY Brockport Financial Aid Office
 Student