

As per Part 668.19, Student Assistance General Provisions and Part 690.8, Pell Grant Program, Code of Federal Regulations, this consortium agreement is entered into by Empire State University (the degree granting institution), for the purpose of providing federal financial assistance to the student named below.

**WHO SHOULD USE THIS FORM**

- If you are a SUNY Empire financial aid student and are taking one or more of your studies by cross registering with a host institution, you must fill out this form in order for SUNY Empire to process your financial aid.
- You must fill out this form even if you also are filling out the **Enrollment in Other Colleges** or **Billing Agreement** forms. Those forms are used to adjust your billing and/or enter into an agreement with particular community colleges. The **Financial Aid Consortium Agreement** must be on file in order to process your financial aid.
- **All excess financial aid funds will be disbursed to the student.** It is then the student's responsibility to pay the host institution any monies due for their enrollment.
- Procedures for calculating awards, disbursing aid, monitoring satisfactory academic progress and other eligibility requirements, keeping records, and returning funds when the student withdraws can be found online at [www.sunyempire.edu/termsandconditions](http://www.sunyempire.edu/termsandconditions).

**Part I To be completed by SUNY Empire student**

Last name _____	First name _____	Middle initial _____	Student ID# _____
Street _____		City/State/Zip Code _____	
Student Signature _____		Date _____	

**Part II To Be completed by the Host Institution**

Pell Grant cost of attendance for academic year \$ \_\_\_\_\_

Detailed institutional budget for campus-based financial aid for period of enrollment:

Tuition	\$	_____
Fees		_____
Room and board*		_____
Books and supplies*		_____
Transportation*		_____
Other (specify)*		_____

Student is enrolled for \_\_\_\_\_ credits with a start date of \_\_\_\_\_ and end date of \_\_\_\_\_

Length of period of enrollment (in weeks) \_\_\_\_\_

\*SUNY Empire expenses will be used unless and change of residence is required.

**Host school certifies that:**

- The above referenced student is enrolled for the stated period of attendance.
- It will **not** pay the student a Pell Grant and/or any campus-based funds and that it will not certify a Federal Direct Loan for the stated period of attendance. Further, the host institution agrees that it will inform SUNY Empire if the student drops credits or withdraws before the end of the stated period of attendance as well as providing amended cost of attendance figures.

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

Street _____	City/State/Zip _____
Phone Number _____	Fax Number _____
Host Print Name _____	Title _____
Host Signature _____	Date _____

**Part III To Be completed by SUNY Empire's Student Accounts office**

Financial aid awards to be received by the student for the stated period of attendance are as follows:

Federal Pell \$ _____	Federal Direct Subsidized Loan \$ _____
FSEOG _____	Federal Direct Unsub. Loan _____
Federal Perkins _____	Other _____
TAP _____	

Note: SUNY Empire detailed institutional budget for campus based aid is available at [www.sunyempire.edu/COA](http://www.sunyempire.edu/COA) and detailed tuition and fee information can be found at [www.sunyempire.edu/Tuition](http://www.sunyempire.edu/Tuition).

Total number of enrolled credits at both institutions for stated period of attendance \_\_\_\_\_

**SUNY Empire certifies that it will:**

- accept the credits earned at the host institution
- monitor the student's program pursuit and satisfactory academic progress

SUNY Empire contact (print) _____	Title _____
SUNY Empire signature _____	Date _____