

# Farmingdale State College

Farmingdale State College  
Office of Financial Aid  
2350 Broadhollow Road  
Farmingdale, New York 11735  
(631) 420-2578

## Consortium Agreement

As per Part 686.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between the State University of New York (home institution) for the purpose of providing federal financial assistance to the student named below. This completed document must be on file with all concerned parties before the start of the instruction and before Farmingdale State College (FSC) will disburse any financial aid funds for the period of studies in question.

### Part 1: To Be Completed By Student:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Visiting Enrollment Dates: \_\_\_\_\_ to \_\_\_\_\_ Academic Year: \_\_\_\_\_

I authorize the release of any financial aid awarded to FSC to be sent to the host institution \_\_\_\_\_. Name and complete address of person the financial aid check(s) should be forwarded to.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached a copy of my completed course approval form to this document.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part II: To Be Completed by Host (Visiting) Institution:

Pell Grant Cost of Attendance for Academic Year: \$ \_\_\_\_\_

Detailed Institutional Budget for Campus-Based Financial Aid for Period of Enrollment:

Tuition & Fees \$ \_\_\_\_\_

Room & Board \* \$ \_\_\_\_\_

Transportation \* \$ \_\_\_\_\_

Books & Supplies \* \$ \_\_\_\_\_

Personal \* \$ \_\_\_\_\_

Other (Please Specify) \* \$ \_\_\_\_\_

Number of Credits Enrolled For at Host Institution: \_\_\_\_\_

Length (in weeks) of Enrollment Period: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_ to \_\_\_\_\_

**Certification**

1. The Host Institution certifies the student listed on the reverse side of this document is enrolled for the stated period of enrollment.
2. The Host Institution agrees it will not pay the student a Pell Grant and/or any campus-based funds and it will not certify a Stafford Loan for the stated period of enrollment. Furthermore, the Host Institution agrees it will inform FSC if the student drops credits or withdraws before the end of the state period of enrollment as well as providing cost of attendance figures.
3. FSC agrees to accept the credits earned at the Host Institution if the proper course approval form has been certified by the appropriate Academic Advisor at FSC.
4. FSC agrees to provide payment to the student, if eligible, under the programs listed below for the stated period of time.
5. FSC agrees to monitor the student's program pursuit and satisfactory acadmie progress and to be responsible for disbursing funds to the student, and for administering the appropriate refund policy.

\_\_\_\_\_  
Signature - Financial Aid Counselor – Host Institution

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Date

Name and Address of Host Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Title IV Eligible**                      \_\_\_\_\_ **yes**                      \_\_\_\_\_ **no**



**Part III: To Be Completed by the Office of Financial Aid at FSC:**

FSC agrees to the terms stated on this form and authorizes the release of financial aid funds to the person designated by the student. Financial Aid Awards to be received by the student for the stated purpose of attendance are as follows:

TAP	\$ _____
Pell	\$ _____
SEOG	\$ _____
Perkins Loan	\$ _____
Stafford Loan	\$ _____
Unsub. Loan	\$ _____
Other	\$ _____

\_\_\_\_\_

Signature – Financial Aid Advisor – FSC

Title

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