

**Farmingdale State College  
Office Financial Aid  
2350 Broadhollow Road  
Farmingdale, NY 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 understand that it is my responsibility to make payments to my Host Institution. 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 academic 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:**

All funds from Financial Aid Awards will first be applied toward a student's Farmingdale bill and excess funds will be issued to the student.

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

\_\_\_\_\_  
**Signature-Financial Aid Advisor-FSC**

\_\_\_\_\_  
**Title**

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

Farmingdale State College  
Course Approval Form

Student Name: \_\_\_\_\_

RAM ID: \_\_\_\_\_

This is to certify that the courses being enrolled in at \_\_\_\_\_ (host of visiting institution) for the \_\_\_\_\_ semester or term are required for the above student's degree and will be transferred back to Farmingdale State College. These courses have been approved and will be counted toward the student's degree requirements.

Please list the courses being taken at the host school:

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

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

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

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

Farmingdale Academic Advisor-printed name: \_\_\_\_\_

Farmingdale Academic Advisor-signature: \_\_\_\_\_

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

This form **must** be attached to the consortium Agreement when it is completed. It must be returned to the Office of Financial Aid at Farmingdale State College. The Consortium Agreement **will not** be processed without this approval.