

\_\_\_\_\_  
**(Name of Host Institution)**

**Section I to be completed by the Student)**

Please complete this form using ink. Electronic or typed signatures are not acceptable.

**Students enrolled and matriculated at SUNY Polytechnic Institute (SUNY Poly) may receive financial aid for those courses taken at another institution if those courses are applicable to their program of study and are not offered by SUNY Poly during the term specified below.** In order to receive financial aid, federal regulations require that a Consortium Agreement must exist before a home institution can process financial aid for students attending another institution (Host). Therefore, the two institutions named above herein enter into a Consortium Agreement for:

Student's Name: \_\_\_\_\_ Student ID #: U00 \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Academic Major: \_\_\_\_\_

Term:  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_

The student must:

1. Take courses at the Host Institution which are not offered by SUNY Poly at any time during the semester and which are transferable to their degree program at the Institute.
2. Be matriculated in a degree-granting program at SUNY Poly and making satisfactory academic progress as specified by the Institute's published policy.
3. Be enrolled for at least 3 credit hours at SUNY Poly during the semester specified above.
4. Submit a completed "Petition To Take Courses At Another College" form to the Registrar's Office at SUNY Poly. (<https://sunypoly.edu/student-life/student-resources/registrar/forms.html>)
5. Submit this completed Consortium Agreement to the Financial Aid Office at SUNY Poly.
6. Submit a copy of the registration form and billing statement from the Host Institution to SUNY Poly's Financial Aid Office.
7. Make payment arrangements with the Host Institution. It is the student's responsibility to pay the Host Institution any monies due by their due date. SUNY Poly will pay the student any aid due on SUNY Poly's disbursement schedule. SUNY Poly does NOT pay the Host Institution.
8. Submit grade transcripts from the Host Institution upon completion of the course(s) to the Registrar's Office at SUNY Poly within 4 weeks after the enrollment period. Financial aid will not disburse until transcript(s) are received by the Registrar Office.
9. NOT be receiving financial aid from the Host Institution.

I understand that I can only receive financial aid from one institution and it must be from SUNY Polytechnic Institute. 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 also understand that my eligibility for financial aid for future semesters will be subject to the provisions outlined in the Academic Requirements for Financial Aid brochure. In order to receive financial aid under a Consortium Agreement, I must complete this form each semester.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II (Student: Enter course information and forward to your SUNY Poly academic advisor for signature)**

Applicable courses taken at Host Institution:

Course Number	Course Name	Credit Hours	Apply to Program as: (ex: humanities elective)

**I certify that the above-named student has been approved to enroll at the aforementioned Host Institution for the term specified and that the course(s) listed above are applicable to the student's program of study and not offered by SUNY Poly during the semester being taken.**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Academic Department: \_\_\_\_\_

**Section III (to be completed by the SUNY Poly Registrar)**

**I certify that the course(s) listed above are not offered by SUNY Polytechnic Institute during the semester they are being taken.**

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

**Section IV (to be completed by a Financial Aid Officer at the Host Institution)**

Will the student receive financial aid at your institution?  Yes  No

If "Yes," STOP. Do not complete the remainder of this form. Please return it to the student. If "No," please complete the remainder of this form.

Number of credit hours student is enrolled for at your institution: \_\_\_\_\_

Period of enrollment that the student will attend your institution: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
mm dd yy mm dd yy

*Cost of Attendance:*

Tuition/Fees: \$ \_\_\_\_\_

Books/Supplies: \$ \_\_\_\_\_

Room/Board: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Personal/Misc.: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Pell Grant Cost of Attendance:

\$ \_\_\_\_\_

Note: SUNY Polytechnic Institute will determine necessary return of Title IV aid calculations, monitor satisfactory academic progress, certify and pay TAP awards for eligible students, award the students degree, report students enrollment to NSLDS and include student data as part of its FISAP report.

**Certification: The Host Institution agrees NOT to provide financial aid funds to the above-mentioned student for the term specified. If the student withdraws from any course(s) taken under this Agreement, the Host Institution will notify the Financial Aid Office at SUNY Polytechnic Institute.**

Signature of Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_