

**CUNY Consortium Agreement**

Student's last name \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

SSN \_\_\_\_\_ EMPL ID \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Alt. Tel. ( ) \_\_\_\_\_

Email \_\_\_\_\_

<b>Host Institution</b>	
<b>Dates of Enrollment</b>	
<b>Semester</b>	

**Part 1: To be completed by the student.**

This Consortium Agreement is entered into between The City College of New York (**home institution**) and \_\_\_\_\_ (**host institution**) for the purpose of providing federal, and, if applicable, state financial assistance to the degree seeking, matriculated student listed above. The completed document must be on file with all concerned parties before any financial aid funds will be disbursed for the period of enrollment specified in the agreement.

Will you be enrolled at both the home and host campus for the period of enrollment covered by this agreement?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

I certify that I am a matriculated student at \_\_\_\_\_ (**home institution**). I am requesting that the home institution process my financial aid while I am taking courses at the host institution. I acknowledge that the courses I am taking can be used toward that completion of my degree at the home institution. I consent to the release of my financial aid information by the home institution to the host institution.

I understand that I am responsible for using financial aid disbursed to me to cover any charges due to the host institution for the period of enrollment specified in this agreement, and I may be responsible for repaying some, or all of, the aid disbursed to me if I fail to begin attendance or withdraw from courses.

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

**Part 2: To be completed by the Registrar's office at the Home Institution**

I affirm that the courses listed below, if successfully completed, are transferable and applicable to the above student's degree.

Name of Course	# of Degree Credits	Term	College Equivalent

**Signature, Home College Academic Official** \_\_\_\_\_

**Print last name** \_\_\_\_\_ **First name** \_\_\_\_\_

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

**Part 3: To Be Completed By Host Institution**

Dates of Enrollment: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ to \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Cost of Attendance:</b>	
<b>Tuition &amp; Fees</b>	\$
<b>Room &amp; Board</b>	\$
<b>Books &amp; Supplies</b>	\$
<b>Transportation</b>	\$
<b>Other (Specify)</b>	\$
<b>Total Cost of Attendance</b>	\$

Registered Course Number	Registered Course Title	# of credits

**CERTIFICATION**

- The host institution certifies that the above-named student is enrolled for the stated period of attendance. The host institution certifies that it will inform \_\_\_\_\_ **(home institution)** if the student withdraws from any or all courses before the end of the period of enrollment covered by this agreement. In the case of total withdrawal, that information will include, if known, the student's last day of attendance.
- The host institution agrees not to pay the student Pell Grant and/ or any campus based funds and will not certify a Federal Student Loan for the period of attendance.
- The home institution agrees to monitor the student's satisfactory academic progress, 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.
- The host Institution certifies that it is a Title IV eligible school.

**Host Institution's Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

Printed last name \_\_\_\_\_ First name \_\_\_\_\_

Email address \_\_\_\_\_

Name of Institution \_\_\_\_\_ Date \_\_\_\_\_

Institution's Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Part 4: To Be Completed by Home College Financial Aid Office**

**Financial Aid awards to be received by the student for the period of enrollment covered by this agreement are as follows:**

<b>Federal Pell:</b>		<b>Federal Direct Loan</b>	
<b>Federal SEOG:</b>		<b>Other:</b>	

**Home College Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed last name \_\_\_\_\_ First name \_\_\_\_\_

Email address \_\_\_\_\_