

Student Name: _____

Banner ID#: 800 _____

M13g – 2024/25



Visiting Graduate Student Consortium Agreement Information Sheet

The Consortium Agreement allows graduate students to receive financial aid from SUNY Brockport for graduate courses taken at another school (host institution). The credits you take at the host institution are added to the credit hours you are registered for at SUNY Brockport. For example, in fall 2024, if you take 6 credits at SUNY Brockport and 6 credits at a host institution, we will consider you to be enrolled in 12 credit hours for financial aid. Any such courses taken during a winter or intersession term will be added to the spring semester.

Please read prior to completing this form:

- ☐ You are allowed to transfer in a maximum of up to 12 graduate course credits with department approval from other accredited schools. If you've already transferred in the maximum number of credit hours, your Consortium Agreement will not be processed.
- ☐ If attending another SUNY institution, you should not complete this form. Please complete a cross registration request at www.suny.edu/crossregister.
- ☐ You'll need to get part II of this form completed by your academic department and The Center for Graduate Studies at SUNY Brockport. The courses listed on the form must match the courses you are registered for at the host institution.
- ☐ If attending Summer Session, a separate Brockport financial aid application is required and can be found in the Forms Center at: <http://www.brockport.edu/finaid>.
- ☐ If studying abroad, we will verify that you are accepted into the study abroad program and require an itemized budget sheet showing the cost of the program.
- ☐ If you'd like to receive federal student aid, please make sure your Free Application for Federal Student Aid (FAFSA) is completed and all financial aid requirements are satisfied.

The Consortium Agreement deadline for each semester is immediately after the end of the drop period for the term. For summer, it is July 15.

Late and/or incomplete Consortium Agreements will not be processed. It is the student's responsibility to ensure timely completion of this form. Please contact SUNY Brockport's Financial Aid Office if you have any questions.

M13g (11/1/2024)

SUNY Brockport • 350 New Campus Drive • Brockport, New York 14420-2937
(585) 395-2501 • FAX (585) 395-5445 • email: faid@brockport.edu • www.brockport.edu

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**SUNY
BROCKPORT**
Financial Aid Office

VISITING GRADUATE STUDENT CONSORTIUM AGREEMENT

This Consortium Agreement is entered into between the State University of New York College at Brockport (the home institution) and the indicated non-SUNY host institution for the purpose of providing federal financial assistance to the degree seeking, matriculated, graduate student named above. Note: Students visiting a SUNY institution should not use this form. They should instead submit a request at www.suny.edu/crossregister. **This is only possible if the student has not already transferred the maximum of up to 12 credits allowed at SUNY Brockport and is making satisfactory academic progress.** This completed document must be on file with all concerned parties before SUNY Brockport will disburse any financial aid funds for the period of study in question. The completed Consortium Agreement and all required documentation must be submitted to SUNY Brockport's Financial Aid Office by our Federal Credit Census Date.

Part I: To Be Completed By Student

Name: _____

Date of Birth: _____

Date of Visiting Enrollment: From ____/____/____ To ____/____/____ Academic Year: _____

This Consortium Agreement is an agreement between SUNY Brockport and the host institution for the enrollment period verified (Part III) by the host institution. The Office of Student Accounts and Accounting at SUNY Brockport **will disburse all aid funds first to the Brockport student account and then to the student for that particular enrollment period. It is the student's responsibility to pay the host institution any monies due.** It is the responsibility of the host institution to inform SUNY Brockport's Financial Aid Office of any change of enrollment or withdrawal from the course(s) as this would require the student's aid eligibility to be recalculated. A hold will be placed on the student's financial aid for future semester aid disbursements until transcripts of the courses completed are received by SUNY Brockport.

I certify that I am a matriculated graduate student at SUNY Brockport and in good academic standing. I am requesting to receive financial aid from SUNY Brockport while taking graduate courses at another school. These courses will be applied to my transcript at SUNY Brockport and used toward the completion of my degree program. I have reviewed and understand the College policy regarding the transferability of graduate credits.

Note: A copy of this form will be returned to the student after completion by all parties. A one-time entrance counseling tutorial must be done before any educational loans may be disbursed.

Student's Signature _____ **Date** _____
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Part II: To be completed by SUNY Brockport Academic Department and The Center for Graduate Studies.

Please have these offices complete this form indicating the number of credit hours that you have transferred in to your graduate program.

Number of graduate credits previously transferred _____ (May not exceed 12 credits) **If the student has already transferred in the maximum number of credits, a consortium agreement may not be processed.**

I certify that the courses indicated below are transferrable back to SUNY Brockport and applicable to the program requirements based upon the information on file as of the date the form is signed.

Courses approved for transfer: a) _____ b) _____ c) _____ d) _____

Satisfies degree requirement: a) _____ b) _____ c) _____ d) _____

Academic Advisor Signature: _____

Graduate Studies Signature: _____

Print Name: _____ Date: _____

Print Name: _____ Date: _____

Academic Department: _____

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Part III: To Be Completed By Host Institution

Detailed Institutional Budget for
Financial Aid for Period of Enrollment

Tuition \$ _____
Fees \$ _____
Housing and Food* \$ _____
Books and Supplies* \$ _____
Transportation* \$ _____
Other (Specify)* \$ _____

The student is currently registered for the following graduate level courses:

Course# _____ Course Title: _____
Course# _____ Course Title: _____
Course# _____ Course Title: _____
Course# _____ Course Title: _____

Number of Graduate Credits Enrolled in at Host Institution: _____ Length of Period of Enrollment: _____ weeks

Actual Dates of Enrollment for these credits: From ____/____/____ To ____/____/____

Terms of Enrollment: _____ Fall _____ Spring _____ Summer _____ Other

*The Host Institution expenses will be used in calculating awards if a change of residence is required. Otherwise, SUNY Brockport expenses will be used.

Certification

- A. The Host Institution certifies the above-referenced student is enrolled for the stated period of attendance. **The Host Institution certifies it will inform SUNY Brockport if the student withdraws before the end of the stated period of attendance as well as provide amended cost of attendance figures within 15 days of the change in the enrollment status**, in order for SUNY Brockport to perform any necessary recalculation of the student's financial aid (i.e. return of TITLE IV funding).
- B. The Host Institution agrees it will **not** pay the student any campus-based funds and it will not certify a Federal Direct Stafford Loan for the stated period of attendance.
- C. SUNY Brockport agrees to accept the credits earned at the Host Institution toward completion of a SUNY Brockport degree, if the proper course approval has been certified in Part II by SUNY Brockport.
- D. SUNY Brockport agrees to monitor the student's program pursuit and satisfactory academic progress, to be responsible for disbursement of funds to the student and to administer the appropriate refund policy, including the recalculation of any Title IV aid if the student should withdraw.
- E. The Host Institution certifies it is a Title IV eligible institution.
- F. If the student wishes to attend a study abroad program, the host institution certifies it has entered into a consortium or contractual agreement with any foreign institution with which they are participating in a Study Abroad program.
- G. The Host institution agrees SUNY Brockport will report the student's data for enrollment reporting for the National Student Loan Data System as well as all other required reporting structures including the Fiscal Operation Report and Application to Participate.

Host Institution's Signature _____ Title _____

Name of Host Institution _____ Date _____

Telephone Number (_____) _____ Address _____

FAX Number (_____) _____

Note: Please return this form to SUNY Brockport's Financial Aid Office. A certified copy will be returned to you upon completion.

Part IV: To be completed by SUNY Brockport Financial Aid Office

SUNY Brockport agrees to the terms stated above and authorizes the release of financial aid funds to the address designated by the student in Part I. Financial Aid awards to be received by the student for the stated period of attendance are as follows:

Federal Direct Unsub. Stafford Loan \$ _____ Other _____ \$ _____
Federal Direct PLUS Loan \$ _____ Other _____ \$ _____
Other _____ \$ _____ Other _____ \$ _____

☐ If checked, student is also attending SUNY Brockport. Any financial aid received must first be applied to SUNY Brockport expenses.

SUNY Brockport Signature _____ Title _____ Date _____

Distribution:

Host Institution
SUNY Brockport - Financial Aid Office
Student