FINANCIAL AID CONSORTIUM AGREEMENT

If you plan to take coursework at another educational institution, and you wish to receive financial aid from The College of Saint Rose, you must follow the steps listed below.

- Complete the APPROVAL TO TAKE A COURSE AT ANOTHER INSTITUTION form, have it signed by all required parties, and submit it to the Registrar’s Office. The form can be obtained in either the Registrar’s Office or the Student Solution Center. Note: this coursework must be eligible for transfer to your current course of study at The College of Saint Rose.

- Print a copy of the following Consortium Agreement, and complete the student data section and Part 1.

- Ask the Registrar to complete Part 2 of the Consortium Agreement.

- Bring the Consortium Agreement to the college where you are taking the course(s) (the host institution) to have the appropriate official complete Part 3.

- Attach a copy of your registration form and a copy of the bill from the other institution to the Consortium Agreement.

- Submit the Consortium Agreement and the attachments to the Financial Aid Office at The College of Saint Rose. The Consortium Agreement will not be processed until all of the required information has been received.

- At the completion of your coursework, you must submit an official transcript to both the Financial Aid Office and the Registrar’s Office at The College of Saint Rose. The receipt of financial aid in a subsequent semester will be dependent upon the evaluation of this transcript.

IMPORTANT INFORMATION

The Financial Aid Office is unable to process a Consortium Agreement for graduate students taking undergraduate courses or for undergraduate students who are taking graduate courses at another institution.

Before your financial aid can be disbursed to your account, your semester’s attendance must be verified. At the time of disbursement, your host institution will be contacted so that your registration status can be confirmed.
CONSORTIUM AGREEMENT

This Consortium Agreement is hereby entered into between The College of Saint Rose (home institution) and ____________________________________________________________________ (host institution) for the purpose of providing Federal financial assistance to the student named below:

Name of Student____________________________________________     ID___________________
Home Address_____________________________________________________________________
Dates of Planned Enrollment at Host Institution _______________________________________

Part 1: To Be Completed By Student

I understand that The College of Saint Rose Financial Aid Office must determine my eligibility for all Federal financial aid. I will not apply for any financial aid through my host institution for the dates of enrollment listed above. Should I receive financial aid from outside sources (e.g. grants, scholarships), I will immediately inform the Saint Rose Financial Aid Office.

I understand that credits taken at the host institution will be applied toward my degree requirements at Saint Rose only if they have been successfully completed according to The College of Saint Rose’s criteria of satisfactory academic progress.

__________________________________________________________      _________________________
Signature                                                                                     Date

Part 2: To Be Completed by The College of Saint Rose Registrar

Permission has been granted for this student to attend the host institution. The coursework anticipated for completion at the host institution will meet the standards for transfer credit.

__________________________________________________________      _________________________
Signature                                                                                     Date

Part 3: To Be Completed By Host Institution

Budget:  Tuition $ ____________________
Fees
Living Expenses
Travel
Books & Supplies
Total $ ____________________

Courses To Be Taken: ___________________________________________________________________
No. of credits ____________________

The previously named student is enrolled in the courses as listed above for the academic period ______________ to ______________. The host institution agrees that it will not pay the student a Pell Grant and/or any other campus-based funds and that it will not certify any Federal Direct Loans during the above period of attendance.

__________________________                          ___________________________
Signature of School Official                                          Name and Title

__________________________                          ___________________________
Date                                          Address

__________________________                          ___________________________
Telephone Number                                  City, State, ZIP
Part 4: To Be Completed by The College of Saint Rose Financial Aid Office

Based upon information provided by the host institution and the Registrar’s Office at The College of Saint Rose, the following financial aid has been awarded:

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<th>Type of Aid</th>
<th>Amount</th>
<th>Estimated Disbursement Date(s)</th>
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The College of Saint Rose certifies that the student is fully matriculated and in good academic standing. The College agrees to provide payment to the student under the programs listed above for the appropriate period of time. The College further 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.

This financial aid is subject to the student’s continued satisfactory academic progress as defined in The College of Saint Rose catalog. Following successful completion of the described courses at the host institution, and transfer of these credits and course descriptions to the home institution, they will be applied toward the student’s degree requirements at The College of Saint Rose.

Signature of School Official

Name and Title

Date

Telephone

Return this form to:

The College of Saint Rose
Office of Financial Aid
432 Western Avenue
Albany, NY 12203

You may contact us by:

FAX: (518) 454-2109
PHONE: (518) 458-5464
EMAIL: finaid@strose.edu

STUDENT BILLING STATEMENT AND REGISTRATION FORM MUST BE ATTACHED TO THIS AGREEMENT

Copies to: Bursar’s Office
            Registrar’s Office
            Host Institution