BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Office of Financial Aid
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Request for Approval of a
NON-SUNY Financial Aid Consortium Agreement

Important: If you are enrolling in SUNY-to-SUNY courses, follow the Cross Registration process at suny.edu/crossregister. **Do not submit this form**.

A consortium agreement is a contract between two colleges that allows a student to take courses at another institution while receiving financial aid from their home institution. Binghamton University may approve such agreements under limited circumstances. Approval from both Financial Aid and your Academic Advisor is required.

Consortium Agreements Will NOT Be Approved If:

- You have met all degree requirements.
- You are retaking a course to improve your grade (grades will not transfer back to Binghamton).
- You prefer to take a course at another institution because it is perceived to be easier.
- You are already enrolled full-time at Binghamton for the same term.

Steps to Request a Consortium Agreement:

1. **Complete page 2** with an explanation of why you are requesting to take courses elsewhere.
2. **Contact the other institution** to confirm if they participate in consortium agreements.
3. **Complete the consortium agreement** (if approved) by:
   o Obtaining required signatures from your Binghamton Academic Advisor.
   o Sending the form to the other school for their section.
   o Following up to ensure the other school returns the completed agreement to Binghamton.

Important Notes:

- Be aware of the other school's tuition and billing deadlines. Financial aid will be disbursed according to Binghamton's academic calendar.
- You are responsible for paying the other school upfront if necessary. Financial aid refunds will be sent to you, not the other school.
- Late fees at the other institution are your responsibility, not Binghamton's.

> **Deadlines for Submission:**
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> **Summer 2026**: July 6, 2026
> **Fall 2026**: September 14, 2026
> **Spring 2027**: February 8, 2027

Requests submitted after these deadlines may be denied.

Request for NON-SUNY Consortium Agreement

Name: _____ **B#**: _____

Expected graduation date from Binghamton: _____

Semester of Request (check one): ☐ Summer 2026 ☐ Fall 2026 ☐ Spring 2027	**Full Name of School**: _____ **Total credits at the other school**: _____
Has this school agreed to participate in a consortium agreement? ☐ Yes ☐ No	Will you take courses at Binghamton during the same semester? ☐ Yes ☐ No If yes, how many credits at Binghamton? _____

Explanation: Please explain why the courses cannot be taken at Binghamton University. Attach a separate sheet if needed.

By signing, I acknowledge I have read and understand the process outlined above.

Student Signature: _____ **Date**: _____

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