NON-SUNY Consortium Agreement

You have been pre-approved to submit a consortium to receive financial aid from Binghamton University in order to attend a SPECIFIC school. **IF YOU CHANGE TO A DIFFERENT SCHOOL YOU MUST DISCUSS THIS CHANGE WITH THE BINGHAMTON UNIVERSITY FINANCIAL AID OFFICE BEFORE PROCEEDING WITH THIS CONSORTIUM.** This consortium agreement is a contract entered into between you, Binghamton University, and the HOST school (the other school you plan to attend). You must be enrolled at least 6 credits total at the HOST school or between the Host school and coursework taken at Binghamton University during the same semester, however most funds require full time enrollment.

There are certain things you will need to keep in mind:

1. Failure to register for and complete the exact courses specified may result in loss of aid eligibility in future semesters, and liability to Binghamton University and/or the Host School.
   
   **Note:** financial aid will not be released to the student until this completed and duly signed consortium agreement form is received by Binghamton University Financial Aid & Student Records.

2. All financial aid processed by Binghamton University will be disbursed within Binghamton’s scheduled timeframe, regardless of the HOST school’s billing or payment deadlines, and will be used to satisfy any outstanding obligation with Binghamton University first.

3. All excess financial aid over what is owed to Binghamton University will be released to you, the student, and it is your responsibility to meet all financial obligations incurred at the HOST school.

4. **Important:** Once you have completed your coursework, please be sure your transcript is received by Binghamton University. Because you will be receiving federal aid for coursework taken elsewhere, this office must receive your transcript before any future federal aid can be disbursed.

The following instructions will help you to complete the necessary steps in order for this Consortium to be processed smoothly.

_____ 1. Complete the Student section of this Consortium Agreement and take it to your academic advisor for approval and signature. If you are not currently on campus it is still YOUR responsibility to complete this step. We cannot do this for you, as you need to discuss the coursework with your advisor and ensure that it is appropriate for your degree.

_____ 2. After the Consortium Agreement is signed by your Academic Advisor, take/send/fax/mail pages 2 and 3 of this Consortium Agreement to the HOST school. Have them complete their section, and return the entire agreement to Binghamton University Financial Aid & Student Records. You, the student are responsible to do this. **No aid will be processed until the Host School completes their section of this consortium, including verifying your enrollment, and returned it to this office.**

_____ 3. Binghamton University’s Student Accounts Office will issue a refund directly to you, the student. Therefore, it is important to arrange direct deposit or make arrangements with them to forward the refund checks to you. All funds will first be used to satisfy your financial obligations with Binghamton University prior to any refund being released to the student. If you have any questions regarding direct deposit or your refund, contact the Student Accounts Office at (607) 777-2702. It is the student’s responsibility to use any refund to pay the HOST School.
Consortium Agreement

As allowed under Federal Title IV regulations, this Consortium Agreement is entered into between Binghamton University and the Host School, for the purpose of providing financial assistance to the student listed below while enrolled at another eligible institution.

Student Name: ___________________________ B-number: ___________________________

E-mail address: ___________________________ Student cell number: ___________________________

Name of HOST School: ___________________________

Indicate Semester: Summer 2020_____ Fall 2020____ Spring 2021_____ Current Cumulative GPA: __________ (For discussion with Academic Advisor)

Dates of Enrollment: from __________ to __________

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<th>Course Title</th>
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You must be enrolled at least 6 credits total at the HOST school or between the Host school and coursework taken at Binghamton University during the same semester.

I certify that I intend to register for the specific courses as stated above and approved by my academic advisor (see below). I am also aware that failure to register for and complete the courses specified may result in loss of aid eligibility, and liability to Binghamton University and/or the Host Institution.

I hereby give permission for the Host School to release all information requested in this consortium form to Binghamton University. I understand that no financial aid will be disbursed to me until the fully completed consortium agreement is on file in Binghamton University Financial Aid & Student Records, and that all financial aid to be received by me will be disbursed according to Binghamton University billing and disbursement schedules regardless of the HOST school’s payment deadlines.

I also understand that the funds will be disbursed directly to me and that I alone will be responsible for payment of any obligation to the Host School, including any late charges or fees they may apply. Funds will be used to satisfy your financial obligations with Binghamton University first.

______________________________________________________________________________  ___________________________
Student Signature Date

According to current academic policies, the courses listed above are applicable toward the student’s degree program at Binghamton University, and do not duplicate any previous course work. Discussion of the effect this coursework will have on GPA has taken place.

Binghamton University Academic Advisor:

Name: ___________________________ School: ___________________________

(Print)

Signature: ___________________________ Date: ___________________________

Revised 12/13/2019
THIS SECTION IS TO BE COMPLETED BY THE HOST SCHOOL

Student Name: _______________________________  B-number/Date of Birth: __________________________

Name of HOST School: ____________________________

HOST School Financial Aid Office Number: ______________ and FAX number: ______________________

| Detailed Institutional Budget for Financial Aid for | If the student is NOT CURRENTLY REGISTERED at your |
|-----------------------------------------------------| school please do not complete/return this consortium until they |
| Period of Enrollment | are. |
| Tuition & Fees $ __________ | This student IS CURRENTLY REGISTERED for the following courses: |
| Room & Board $ __________ | |
| Books & Supplies $ __________ | Course Title |
| Transportation $ __________ | # of Credits |
| Other (specify) $ __________ | |

Total Cost of Attendance: $ __________________

Total Number of Credits Enrolled at Host School: ______________  Length of Period of Enrollment: _______ weeks

Actual Dates of Enrollment for these credits: From __________ / __________ / _______ To __________ / __________ / _______

Certification

The Host School certifies that the student has been accepted for enrollment and is currently registered for the courses listed above and that the dates of enrollment listed above are correct. The Host School agrees not to pay the student a Pell Grant or any other Title IV financial aid during the enrollment period listed above. The Host School agrees to notify Binghamton University if the student withdraws from the coursework before their conclusion.

Binghamton University agrees to provide payment of funds under the Title IV grant and loan programs directly to the student according to Binghamton University’s billing and disbursements procedures. All funds in excess of what may be owed to Binghamton University will be paid directly to the student and the student is liable to the Host School for all charges and fees due to the Host school.

Host School Representative Name _______________________________  Title _______________________________

(Print name)

Signature _______________________________  Date __________________________