



470 Western Highway, Orangeburg, NY 10962 . 845-848-7821 . Fax: 845-359-4317

Student Financial Services

Visiting Student

Consortium Agreement

As per Part 668.19, Student Assistant General Provision, and Part 690.8, federal Pell Grant Program, Code of Federal Regulations, This Consortium Agreement is entered into between Dominican University New York (the home institution) for the purpose of providing federal financial assistance to the student named below. This completed document must be on file with all concerned parties before Dominican University New York will disburse any financial aid funds for the period of studies in question.

Part I: To Be Completed By Student

Name: _____
Social Security Number: _____ DC Student ID # _____
Date of Visiting Enrollment: From _____ To _____
Academic Year: _____

I authorize release any financial aid awarded by Dominican University New York to be sent to:
_____The host institution
_____Myself
_____ My immediate relative

Name and complete address of person aid checks should be forwarded to:

Name _____
Street _____ Apt # _____
City _____ State _____ Zip Code _____

I HAVE ATTACHED A COPY OF MY COMPLETED COURSE APPROVAL FORM TO THIS DOCUMENT. I realize that I must apply for any New York State grant/scholarship program separately through the host institution if I am a full-time student at the host institution. This can be done by using a Tap change form.

Student's Signature: _____ Date: _____

Note: A copy of this form will be returned to the student after completion by all parties. A pre-loan interview must be attended in person before any educational loans may be disbursed. If awarded Federal Perkins Loan or Federal Nursing loan, the student should contact the Dominican University New York office of Student Financial Services at that time to arrange to sign the loan documents. Arrangements should also be made with the Dominican University New York Bursar's Office if it will be necessary to forward financial aid checks to another address.

Part II: To Be Completed By Host Institution

Federal Pell Grant Cost of Attendance for Academic Year _____

Detailed Institutional Budget for campus-based Financial Aid for Period of Enrollment

Tuition and Fees	\$ _____
Room and Board*	\$ _____
Books and Supplies*	\$ _____
Transportation*	\$ _____
Other (Specify)* _____	\$ _____

Number of credits Enrolled in at Host Institution _____
Length of Period of Enrollment _____ Weeks
Dates of Enrollment From _____ To _____
Terms of Enrollment _____ Summer _____ Fall _____ Spring _____ Other _____

* Dominican University New York expenses will be used unless a Change of residence is required.

Certification

- A. The Host Institution certifies that the referenced student is enrolled for the stated period of attendance.
- B. The Host Institution agrees that it will not pay the student a Pell Grant and /or any campus-based funds and that it will not certify a federal family education Loan for the stated period of attendance. Further, the Host Institution will agree that it will inform Dominican University New York if the student withdraws before the end of the stated period of attendance as well as providing amended cost of attendance figures.
- C. Dominican University New York agrees to accept the credits earned at the Host Institution if the Dominican University New York of Academic Advisement has certified the proper course approval form.
- D. Dominican University New York agrees to provide payment to the student, if eligible, under the programs listed below for the period of time.
- E. Dominican University New York 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.
- F. The host Institution agrees that the student will apply for all a New York State grant/scholarship programs through the Host Institution if the Student will be enrolled on a full-time basis at the Host Institution.

Host Institution's Signature _____ Title _____

Name of Host Institution _____ Date _____

Address _____

Telephone Number _____ Fax Number _____
Bursar Telephone Number _____
Registration/ Records Number _____

Note: Please return this form to the office of Student Financial Services at Dominican University. A certified copy will be sent to you upon completion.

Part III: To Be Completed By The Office of Student Financial Services at Dominican University New York

Dominican University New York agrees to the terms stated above and authorizes the release of Financial Aid funds to the person designated by the student above. Financial Aid awards to be received by the student for the stated period of attendance are as follows:

Federal Pell \$ _____ Federal Direct Plus Loan Program \$ _____

Federal Supplement
Educational Opportunity Grant \$ _____ Other _____ \$ _____

Federal Perkins
Loan \$ _____ \$ _____

Federal Nursing
Loan \$ _____ \$ _____

Federal Direct
Stafford/ford Loan \$ _____ \$ _____

Federal Direct
Stafford/ Ford Loan (U) \$ _____ \$ _____

Note: Student's NYS grants/scholarships must be applied for through the Host Institution if the student is enrolled full-time. Revised award estimates based on Host Institution tuition on fees should be included in the Dominican University New York financial aid package.

Dominican University New York
Signature _____

Title _____
Date _____

Distribution: **Host Institution**
Dominican University New York Office of Student Financial Services,
Dominican University New York Bursar's Office
Dominican University New York Registrar's Office
Student: _____

Disclosure of social security numbers is voluntary and is used to identify your student account. Authority to solicit the social security number has been established under section 355 of the Education Law of the State of New York.