

Student Consortium Agreement Requirements

(A signed copy of this form must accompany your Student Consortium Agreement)

Please keep a copy for your records.

Federal Title IV funds are calculated and disbursed by SUNY Potsdam, the home institution, provided:

- ❖ The host institution agrees to participate (participation is optional).
- ❖ The host institution is deemed an *eligible institution* (This will be confirmed by SUNY Potsdam with the host institution), and participates in the Title IV program, awarding and disbursing Title IV funds to matriculated students, OR an ineligible institution which meets certain other requirements.
- ❖ This agreement is good for only ONE semester, and only ONE host school. If you are taking classes at more than one host school, you will need to file a separate consortium for each. If you add classes at a later date, you will need to file an additional consortium.
- ❖ Attach a copy of your billing statement or paid receipt from the host institution to this agreement. If you do not have one at this time, submit it to One Stop's file drop - <https://filedrop.potsdam.edu/finaid> as soon as you have a bill and/or receipt from the host school.
- ❖ The completed form must be submitted to One Stop's file drop - <https://filedrop.potsdam.edu/finaid>, or for graduate students, the [Graduate Studies Office](#) for an appropriate signature.
- ❖ The Student Accounts Office will issue you a refund (when applicable) once the consortium process is complete. **IT IS YOUR RESPONSIBILITY TO USE THIS REFUND, OR OTHER RESOURCES, TO PAY YOUR BILL WITH THE HOST INSTITUTION. You may be required to pay for the course(s) with the host institution prior to receiving any financial aid. This is something you should discuss with the host institution's Student Accounts Office prior to registering for courses with their institution.**
- ❖ Federal student aid is only available for courses that are applicable to your degree program.
- ❖ The Financial Aid Office requires an official transcript from any host school. **It is your responsibility to obtain an official transcript from the host school and provide it to SUNY Potsdam.** Transcripts are also necessary for monitoring satisfactory academic progress so it is important that this is provided as soon as possible after you complete your courses at the host school. **Financial aid in subsequent terms will NOT be processed until all prior term consortium academic transcripts are on file at Potsdam** so that financial aid eligibility may be determined.
- ❖ **Failure to provide transcripts for coursework completed through a consortium agreement may result in cancellation of both current and previous financial aid.**

Please sign and acknowledge that you understand the Consortium Agreement Requirements:

Student Signature: _____ Date: _____

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SUNY Potsdam One Stop/Financial Aid, 44 Pierrepont Avenue, Potsdam, NY 13676
Email: onestop@potsdam.edu; Phone: (315) 267-2943; Fax: (315) 267-3067



SUNY Potsdam One Stop/Financial Aid Student Consortium Agreement

1. Student's Name: _____ ID: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ E-mail address: _____

2. I will be enrolled for classes at the following institution. (List complete address and email address of the Financial Aid Office at the host institution)

3. What term is this agreement for? (ex. Summer 22, Fall 22, Spring 23): _____

4. Listed below are the courses and number of required credits I will be taking during the term circled above.
a) You must provide either course descriptions and/or syllabi to justify that the courses are required for your degree completion.
b) You may not receive Federal aid to retake a course if you previously received a passing grade (1.0 or above). You may be able to receive only State aid (TAP) to retake a course, if a higher grade is required for your major.

5. Indicate number of credits you will be taking at: SUNY Potsdam _____ host institution _____ for above term.

6. Please tell us why you are not attending these courses at SUNY Potsdam.

7. The student's academic advisor certifies that the courses listed above will transfer back to SUNY Potsdam and be applied toward the student's degree. (Signature of your academic advisor or Graduate Studies is needed here!)

Academic Advisor/Graduate Studies signature

Date

Upon receipt of this form, the Financial Aid Office will forward a consortium agreement to the institution noted above. The Financial Aid Office will contact you if further information is required in order to complete your aid application.

Submit the signed first page and completed and signed second page to One Stop's file drop- https://filedrop.potsdam.edu/finaid

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Office Use Only
Approved? Y N, _____
Staff _____ Date _____