



Consortium Agreement Form

Name	CWID	Academic Year	Semester
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This agreement states that Marist College will provide financial aid for which eligibility has been established for the above named student for enrollment at _____ (hereinafter referred to as the host institution) for the academic year indicated above. In order for this payment to take place, all sections listed below must be completed. The host institution agrees not to disburse any financial aid to the student without prior written notification to Marist College.

SECTION I: Student Responsibilities

I hereby request the Office of Student Financial Services at Marist to process my financial aid for the semester(s) noted above to cover my attendance at another institution for courses approved by my program advisor. As part of this request:

- I hereby certify that I have completed all sections of this document truthfully and to the best of my ability.
- I understand that I must have filed the Free Application for Federal Student Aid (FAFSA) and, where eligible, the NYS TAP application and have begun the student loan process, if necessary. All pending verification and financial aid documents must also be submitted to the Office of Student Financial Services at Marist in addition to completing this form.
- I understand that institutional aid may not be included in this consortium agreement and that this decision is at the discretion of Marist College.
- I agree to have the host school send this completed agreement to Marist within a week of the receipt of this form.
- I understand that I must comply with both Marist College and the Host Institutions policies regarding refunds, add/drop and withdrawal, satisfactory academic progress and all other academic policies as noted in the Marist and Host Institution Course Catalogs.
- I understand that should my enrollment status (including course add/drops) change I must notify the Marist College Office of Student Financial Services as soon as this change takes place.
- I understand that it is my responsibility to ensure that an official academic transcript from my host school is provided to the Marist College Registrar's Office within 30 days of completion of course work. I understand that my class standing, course registration for consecutive semesters, and other areas of academic progress could be impacted by failure to meet this deadline.
- I understand that it is my responsibility to ensure that all tuition and fees are paid in a timely manner. Marist will release all funds to the student who is in turn responsible for payment to the host institution. If the host institution requires payment prior to Marist fund disbursement, it is the student's responsibility to pay the host school.**

Student Signature: _____ Date: _____

SECTION II: Student Registration Status For Consortium Period

Host School: _____ Program: _____

Dates of attendance: From _____ To _____

Number of Credit Hours per term: _____ Fall 20 _____ Winter 20 _____ Spring 20 _____

Scholarships or Discounts provided by Host Institution/ Program: _____

Program Contact: _____ Title: _____

E-Mail: _____ Phone #: _____

Will you also be registering at Marist during the consortium term? No Yes – Number of credits I will be taking at Marist _____

SECTION III: Advisor & Department Chair/Dean Approvals

Advisor Responsibilities

I have discussed with the student their degree requirements and enrollment in the host institution, and I support the student's request.

I have reviewed the proposed external course work. I confirm that the courses selected meet the requirements of the degree and follow the rules and regulations outlined in the Marist College Course Catalog for the transfer of external credits.

I understand and have advised that any courses with an international component, even if transcribed by a U.S. College or University, must be approved through the Office of International Programs at Marist College.

I have advised the student to review their course plans with both the Office of Student Financial Services and the Office of the Registrar to understand which financial awards, including the NY State TAP Award, could be affected by this plan.

Advisor Signature

Date

Printed Name

IMPORTANT! COURSE DESCRIPTIONS/SYLLABI must be attached before requesting Dept. Chair/Dean evaluation & approval

STUDENT: LIST YOUR COURSE SELECTIONS AT THE HOST INSTITUTION BELOW: A. HOST COURSE NUMBER B. HOST COURSE TITLE	STUDENT: VALUE AND CREDIT SYSTEM OF SELECTED HOST COURSE EX: 5 ECTS EX: 1 UNIT EX: 3 CREDITS	DEPT CHAIR: PLEASE INDICATE MARIST EQUIVALENT OF THE SELECTED HOST COURSE: A. MARIST NUMBER B. MARIST TITLE C. MARIST CREDITS	DEPT CHAIR: PLEASE VERIFY COURSE APPROVAL BY SIGNING BELOW. PLEASE PRINT YOUR LAST NAME BELOW SIGNATURE.	DEPT CHAIR: IF A SPECIAL TOPICS COURSE IS APPROVED, PLEASE INDICATE BELOW IF IT FULFILLS A CORE REQUIREMENT, AND THE CREDIT VALUE OF THE SPECIAL TOPICS COURSE.
A. B.		A. B. C.	-----	CORE AREA: _____ CREDITS: _____ SIGNATURE: _____
A. B.		A. B. C.	-----	CORE AREA: _____ CREDITS: _____ SIGNATURE: _____
A. B.		A. B. C.	-----	CORE AREA: _____ CREDITS: _____ SIGNATURE: _____
A. B.		A. B. C.	-----	CORE AREA: _____ CREDITS: _____ SIGNATURE: _____
A. B.		A. B. C.	-----	CORE AREA: _____ CREDITS: _____ SIGNATURE: _____
A. B.		A. B. C.	-----	CORE AREA: _____ CREDITS: _____ SIGNATURE: _____

SECTION IV: PROGRAM COSTS (COMPLETED BY HOST INSTITUTION)

Cost of Attendance for the Enrollment Period

Tuition and Fees	\$ _____
Room and Board	\$ _____
Books and Supplies	\$ _____
Miscellaneous Expenses	\$ _____
TOTAL:	\$ _____

SECTION V: AGREEMENT BETWEEN MARIST COLLEGE AND HOST INSTITUTION FOR THE PURPOSE OF PROCESSING FINANCIAL AID

Marist College agrees to accept academic credits taken at host institution.

The host institution shall certify that the student has achieved a final grade of "C" or better, for the course(s) taken at the institution. In the case of student withdrawal, or change in number of credits the host institution agrees to inform Marist College promptly in writing so that any adjustments or cancellation of Title IV aid can be made, if necessary.

The total charges for _____ (period of enrollment) at the host institution are \$ _____ based on _____ credits attempted. After any outstanding balances to Marist College are resolved, any financial aid for which the student qualifies will be paid to the host institution upon receipt of verification of the above student's registration and receipt of the student's bill from the host institution.

Marist College, the home institution, agrees to pay the financial aid listed below to the approved student for the study during the enrollment period in which the host institution certifies the student is in attendance. Marist College agrees to accept the transfer credits and to monitor the student's pursuit of program and satisfactory academic progress.

<u>Type of Award</u>	<u>Marist College Aid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

Certification

It is agreed that the host institution shall provide written notification to Marist College of any change in the student's enrollment status and the effective date of such change during the student's enrollment period. Marist College agrees to provide financial aid for which the student is eligible provided that this agreement is received before the student's last date of attendance.

Agreement to the above is acknowledged below by the undersigned:

Student Signature	Date	Printed Name
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Marist College Office of the Vice President Authorized Signature	Date	Printed Name
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Host Institution Program Coordinator Authorized Signature	Date	Printed Name
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Host Institution Financial Aid Officer	Date	Printed Name
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Marist College Office of Student Financial Services Authorized Signature	Date	Printed Name
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