

STUDENT COMPLETES (then submit to Office of Student Financial Services)

<i>NAME</i>	<i>Purchase ID</i>

HOST INSTITUTION _____ <small>(School you will study at)</small>	
DATES OF ENROLLMENT _____	ACADEMIC YEAR _____
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> LESS THAN HALF-TIME	ANTICIPATED # OF CREDITS _____

HOST INSTITUTION COMPLETES (School that you will be studying through)

APPLICATION FEE	\$ _____	PERSONAL EXPENSES	\$ _____
BOARD	\$ _____	ROOM	\$ _____
BOOKS/SUPPLIES	\$ _____	TRANSPORTATION	\$ _____
OTHER	\$ _____	TUITION AND FEES	\$ _____
# Weeks of Enrollment	_____	Attempted # of Credits	_____
Pell Grant Cost of Attendance for Academic Year _____			
Institutional Budget for Campus-Based Financial Aid for Period of Enrollment \$ _____			

As allowed in Part 668.19, Student assistance General Provisions, and Part 690.8 Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between the State University of New York at Purchase College, the degree-granting institution, and the host institution for the purpose of providing federal financial assistance to the student.

CERTIFICATION

- This agreement applies to all federal aid and 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 pay the student a Stafford Loan during the period of attendance stipulated above. Further, the Host institution agrees that, if aware, it will inform SUNY Purchase of the student's withdrawal before the end of the period of attendance stipulated above.
- The Host Institution certifies that the above-referenced student is enrolled for the period of attendance as detailed in the above table.
- Purchase College agrees to monitor the students' program pursuit and satisfactory academic progress and be responsible for disbursing funds to the student, and for administering the appropriate refund policy.
- Purchase College agrees to provide payment to the student, if eligible, for federal/campus based aid or provide scholarships for the appropriate period of time.

PURCHASE COLLEGE Financial Aid Advisor

NAME	_____
SIGNATURE	_____
TITLE	_____
DATE	_____
PHONE	(914)-251-7000 _____
FAX	(914)-251-6356 _____
EMAIL	SFS@purchase.edu _____

HOST INSTITUTION Financial Aid Advisor

NAME	_____
SIGNATURE	_____
TITLE	_____
DATE	_____
PHONE	()- - _____
FAX	()- - _____
EMAIL	_____