



Stony Brook
University

Financial Aid

Request for Consortium Agreement Instructions

A Consortium Agreement allows Stony Brook University to process financial aid awards for a student while he/she attends classes at an alternate, participating academic institution.¹ It is a process which is to be utilized only in extenuating circumstances.² **Courses already taken and passed at Stony Brook University are not transferrable and as such cannot be counted as acceptable coursework in a Consortium Agreement. If the student wants to raise his/her grade in such a class he/she will need to retake it at Stony Brook University. If the student wishes to take it at another institution, financial aid cannot be processed for this course. Consortium Agreement requests to take classes at local community colleges within driving distance of Stony Brook University are rarely approved.**

In order to be considered for a Consortium Agreement the student must complete the following steps:

1. Contact the Financial Aid Office of the alternate academic institution you plan to attend to ensure that the institution is willing to participate in this agreement.
2. Complete page 2 of this form and obtain the appropriate Stony Brook signatures from your Major/Minor Department (if 57 credits or higher) **and** your academic advisor or Academic and Transfer Advising Services (ATAS). Once the form is completed and signatures are obtained, page 2 must be returned to the Office of Financial Aid and Scholarship Services no later than two weeks before the start of the semester you are requesting a consortium for.
3. If the request is approved, the Stony Brook University Office of Financial Aid and Scholarship Services will send a Consortium Agreement form to you. The Consortium Agreement form must be completed by you and the Financial Aid Office of the institution you are attending. It must then be returned to the Office of Financial Aid and Scholarship Services at Stony Brook University no later than the first week of the semester.
4. Immediately upon term completion, student is required to submit a transcript to Stony Brook University for classes taken under the Consortium Agreement.

Please Note: It is the student's responsibility to check the academic calendar to verify semester dates. The student should be aware of the alternate school's tuition and billing policies. Stony Brook University will process financial aid according to federal, state, and institutional guidelines. The scheduled disbursement dates for financial aid awards are listed on SOLAR when viewing the awards. The student is responsible to pay the alternate academic institution directly.

¹ Students taking classes at another SUNY school do **not** complete this form. You will need to complete the SUNY Cross Registration form. Information on this process can be found on the Registrar's website.

² An extenuating circumstance is considered to be an occurrence that is out of your control. For example, you need to take a required course that is not offered at Stony Brook University & therefore you must take it elsewhere, or you are not able to take a required course at Stony Brook University due to illness (include supporting documentation). These are some examples of what may be considered to be an extenuating circumstance for purposes of a Consortium Agreement.



For Official Use Only:		
Term	Comm Key Function = FINA	Checklist Function = FINA
Summer	9CNSRQ	9CNSSR - 1236

Term	Comm Key Function = FINA	Checklist Function = FINT
Fall	9CNSRQ	9CNSRQ - 1238
Spring	9CNSRQ	9CNSRQ - 1244

Request for Consortium Agreement

A Consortium Agreement allows Stony Brook University to process financial aid awards for a student while they attend classes at an alternate academic institution. It is a process which is to be utilized only in extenuating circumstances. **The student is responsible to pay the alternate academic institution directly.**

NAME		STONY BROOK ID#		
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE #	CELL PHONE #	EMAIL ADDRESS		

Term of Request:

Expected Graduation Term

Host Institution:

- Summer 20 _____
- Fall 20 _____
- Spring 20 _____

Does this school participate in Consortium Agreements?
 YES NO

Proposed Courses to be taken at host school (use reverse side if more space is needed):

Course Name	# of Credits	SBU Equivalent
1.		
2.		
3.		
4.		

Please check below the reason for taking the courses listed above:

- Classes are needed for Major/Minor requirements
- Classes are needed for SBC requirements
- Other (Please Specify): _____

Will classes be taken at Stony Brook University at the same time? YES NO # Of Credits: _____

Please explain in detail the circumstances as to why courses cannot be taken at Stony Brook University. Use reverse side if additional space is needed.

- Medical*: _____
- SB does not offer: _____
- Other*: _____

*Supporting documentation included

Signatures are required from both the Major Department (if 57 credits or higher) and your Academic Advisor.

Major Department:

(PLEASE SPECIFY MAJOR ABOVE)

- I have reviewed the student transcript and the courses listed above were not already taken and passed at Stony Brook University.
- Yes, the courses listed above satisfy major requirements
- No, the courses do not satisfy major requirements

Academic Advisor:

- I have reviewed the student transcript and the courses listed above were not already taken and passed at Stony Brook University.
- Yes, the courses listed above satisfy DEC or general degree requirement
- No, the courses do not satisfy DEC or general degree requirements
- Referred to ATAS Advisor* _____

PRINT NAME

***Only if information is unavailable in the transfer equivalency table**

PRINT NAME	PHONE #
SIGNATURE	DATE

PRINT NAME	PHONE #
SIGNATURE	DATE

I have read and understand the information provided on page 1, "Request for Consortium Agreement Instructions". Specifically, that I should be aware of the alternate school's tuition and billing policies, since **I am responsible to pay the alternate school directly.**

Financial Aid Mailing and Contact Information

You must print and sign this form as electronic signatures are not acceptable.

For secure and faster processing, submit this form via the [Upload Process](#) located in your SOLAR To Do List.

Need help scanning your document? Check out our [Scanning Documents Using Your Smartphone guide](#).

Note: Only .tif and/or .pdf file types are allowed for uploading.

Alternatively, mail or fax all documents to the financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Office of Financial Aid and Scholarship Services
Stony Brook Union, Suite 208
Stony Brook, NY 11794-3252
Telephone: 631-632-6840
Fax: 631-632-9525