

### 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. It is a process which is to be utilized only in extenuating circumstances.\* 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 **and** also the Transfer Office Advisor. 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.

\*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: Comm Key Checklist Term Function = FINA Function = FINT Summer 9CNSRQ 1186 Fall 9CNSRQ 1188 Spring 9CNSRQ 1194 Add Checklist 9CNSRQ(FINT Function)

### **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  |   | Expected                       |    | Host Institution:                                      |       |          |  |
| Summer 20  |   | Graduation                     |    |  |       |          |  |
|  | Fall 20 Term  |                                |    | Does this school participate in Consortium Agreements? |       |          |  |
|  | Spring 20   |                                |    | YES NO   |       |          |  |
| Proposed Courses to be taken at host school (use reverse side if more space is needed):  |   |                                |    |  |       |          |  |
| Cours  | se Name   | # of Credi                     | ts | SBU Equivalent   |       |          |  |
| 1.   |   |                                |    |  |       |          |  |
| 2.   |   |                                |    |  |       |          |  |
| 3.   |   |                                |    |  |       |          |  |
| 4.   |   | or taking the courses listed a |    |  |       |          |  |
| 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 and the Academic Advising: Transfer Services Office.  |   |                                |    |  |       |          |  |
| Major Department: Transfer Office Advisor:   |   |                                |    |  |       |          |  |
|  | <ul> <li>(PLEASE SPECIFY MAJOR ABOVE)</li> <li>I have reviewed the student transcript and the courses listed above were not already taken and passed at Stony Brook University.</li> <li>Yes, the courses listed above satisfy major requirements</li> <li>No, the courses do not satisfy major requirements</li> </ul> |                                |    |  |       |          |  |
|  | PRINT NAME  | PHONE #                        | _  | PRINT NAME   | PHON  | E #      |  |
|  | SIGNATURE   | DATE                           | _  | SIGNATURE  | DAT   | E        |  |

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.

Student Sign:

## **Financial Aid Mailing and Contact Information**

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

# Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Programs in Public Health and Nutrition:

Health Sciences Office of Student Services Health Sciences Tower Level 2, Room 271 Stony Brook, NY 11794-8276 Telephone: 631-444-2111 Fax: 631-444-6035

#### All Other Graduate and Undergraduate Programs

Office of Financial Aid and Scholarship Services Administration Building Room 180 Stony Brook, NY 11794-0851 Telephone: 631-632-6840 Fax: 631-632-9525