

Consortium Agreement

This form will allow Syracuse University to process federal financial aid for a student who attends a Syracuse program **while remaining matriculated** at the home institution. The form should be completed in the following manner:

Section I (student and course information) should be completed by the student

Section II (approval of the plan of study) should be completed by the appropriate academic administrator such as the Dean, Provost, or Study Abroad Advisor at the home institution.

Section III (agreement concerning financial aid) should be completed by an administrator in the Financial Aid Office at the home institution **ONLY AFTER SECTIONS I AND II ARE COMPLETE.**

INTRODUCTION

Syracuse University and the home institution named below agree to enter into a Consortium Agreement as stated in the Title IV Federal Regulations Part 600.9 (Student Assistance General Provisions) and Part 690.9 (Federal Pell Grant Program) for the purpose of providing federal financial aid to the student named below.

SECTION I (completed by the student)

Student Name: _____ SS# _____
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Home College or school: _____ Grade level: _____

Expected graduation date: _____
 Month day year

Host institution: SYRACUSE UNIVERSITY Academic period(s) Fall _____ (year)
 Spring _____ (year)
 Summer _____ (year)

List the courses in which you intend to enroll through Syracuse University Study Abroad during the indicated academic period.

Program _____

Course Number

Course Title

Number of Credits

SECTION II (completed by the Provost, Dean, Study Abroad Director, or other appropriate academic official at the home institution)

The following information certifies the student's present academic status at the home institution and signifies the home institution's recognition of Syracuse University courses:

Is the above student currently matriculated in or actively pursuing a degree program at your school? Yes No

Is the above student in good academic standing? Yes No

Will your institution approve the above student's program of study and accept the coursework toward his/ her degree according to federal consortia rules? Yes No

Signature of Administrator _____

Name (please print)

Title

Date

SECTION III (completed by administrator in Financial Aid Office of the home institution)

Please sign below to indicate, with respect to the above mentioned period of study, your agreement with the following statement:

My institution agrees not to process a Federal Pell Grant or Federal Family Educational Loan. We also agree to notify Syracuse University of any financial aid awarded to the student.

Signature of the Administrator _____

Name (please print)

Title

Date

Syracuse University will not process financial aid for this student until this form is complete and on file in the Study Abroad Office. Please return this form, when complete, to:

Syracuse University Abroad
106 Walnut Place
Syracuse, NY 13244-2650
Fax: (315) 443-4593
Phone: (315) 443-9424, (800) 235-3472
Email: suabroad@syr.edu