

# NEW YORK INSTITUTE OF TECHNOLOGY CONSORTIUM AGREEMENT

*As allowed in 34 CFR 668.5 - Written Arrangements, 34 CFR 668.39 - Study Abroad Programs, 34 CFR 668.43 (a)(12)(b), and 34 CFR 690 – Federal PELL Grant Program, this consortium agreement is entered into by New York Institute of Technology for the purpose of providing federal financial assistance to the student named below.*

**THIS SECTION TO BE COMPLETED BY THE STUDENT:**

Student's Name: \_\_\_\_\_ Student ID / SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Major: \_\_\_\_\_ Name of HOST institution: \_\_\_\_\_

The student will be **responsible** for the following:

- Complete the FAFSA and submit all necessary documents required by the institution, federal government, and state government for processing of his/her financial aid
- Obtain clearance from the NYIT Office of the Bursar, complete a *Permission to Take Courses at Another College for Credit at NYIT* form, and submit it to the NYIT Office of the Registrar to show that all credits taken at the HOST institution will transfer and count towards his/her degree at NYIT once they are successfully completed
- Arrange to pay any costs above and beyond their projected financial aid directly to the HOST school
- Obtain an official transcript from their HOST school upon completion of their study there and submit it to NYIT Office of the Registrar
- Ensure a **copy of your bill is sent** to NYIT Office of the Bursar

I understand that I must have an official transcript sent to the NYIT Office of the Registrar no later than 30 days after the end date of my classes. If an official transcript is not received by NYIT, authorization is hereby given to NYIT to obtain the transcript, at my expense. I understand that I must notify the NYIT Office of the Registrar if I withdraw (or stop attending) any of the classes registered for at the host institution within one week of the withdrawal date.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY NYIT Office of the Registrar:**

\_\_\_\_\_ is a degree-seeking student currently enrolled in an eligible program of study at New York Institute of Technology (NYIT), and is attending the HOST institution as a transient student during the \_\_\_\_\_ semester of the \_\_\_\_\_ academic year.

HOME institution Official's signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOME institution Official's name & title: \_\_\_\_\_

**THIS SECTION PERTAINS TO NYIT (HOME institution):**

**NOTE:** NYIT (HOME institution) will be **responsible** for the following:

- Determining eligibility for financial aid
- Certifying qualified loan applications, PELL Grant, and/or TAP Grant (if applicable)
- Monitoring satisfactory academic progress requirements
- Processing pertinent refunds and/or repayments should this student withdraw
- Paying the HOST school directly the amount of aid for which the student is eligible once the funds are received and upon receipt of a copy of the student's bill
- Reporting the student's enrollment and all changes in enrollment to the National Student Clearinghouse and

*New York Institute of Technology ~ Office of Financial Aid*

*Northern Boulevard Old Westbury, NY 11568-8000*

*Ph 516.686.7680 Fax 516.686.7997*

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**THIS SECTION TO BE COMPLETED BY THE HOST INSTITUTION:**

*Part I:*

**The student is to be considered:** Full-Time \_\_\_\_\_ At Least Half-Time \_\_\_\_\_ Less than Half-Time \_\_\_\_\_

**Beginning Date of Enrollment Period:** \_\_\_\_\_ **End Date of Enrollment Period:** \_\_\_\_\_

*\*Please know that NYIT will include this student in its enrollment reporting to the National Student Clearinghouse and the host institution should NOT include the student when reporting enrollment to the Clearinghouse. Also, TAP eligibility for the consortium period is dependent upon the visited institution's eligibility and the student's satisfaction of TAP criteria for that same period.\**

For TAP Grant purposes, tuition charges outlined in the HOST's bill are for the HOST institution's transfer credit tuition charges **only** and not for any other institution (e.g. study-abroad, foreign institution): **YES/NO** (please circle one)

The HOST institution will be **responsible** for the following:

- Confirming the student expense budget outlined
- Not awarding any financial aid to the student
- Verifying enrollment and notifying NYIT if the student withdraws (or stops attending) a class or classes within 30 days of the withdrawal. The host college will provide the withdrawal date and last date of class attendance to NYIT. The host college will **not** report the student's enrollment to the Clearinghouse.
- Will forward any unused portion of financial aid to the NYIT's Bursar Office, if applicable.
- **Sending a copy of the student's bill to:**
  - NYIT ~ Office of the Bursar  
Attn: Betty Ann Rizzo  
Northern Boulevard  
Old Westbury, NY 11568-8000  
Phone: (516) 686-1333

Cost of Attendance (for one

Tuition	\$	
Fees	\$	
Room	\$	
Board	\$	
Books	\$	
Travel	\$	
Personal	\$	
<b>TOTAL:</b>		

semester):

**Name of HOST Institution:** \_\_\_\_\_

**Signature of HOST Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of HOST Official:** \_\_\_\_\_ **HOST Official's Title:** \_\_\_\_\_

**HOST Official's Email:** \_\_\_\_\_ **HOST Official's Phone #:** \_\_\_\_\_

**HOST Official's Fax #:** \_\_\_\_\_

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## Part II: Verification of Enrollment

When loan funds arrive at NYIT for this student, we must have verification of enrollment before we can release funds to the student or host institution. Please return this completed form to our Office of Financial Aid by fax or e-mail as soon as possible, but not later than ten days before the start date of enrollment.

Student name: \_\_\_\_\_ Student ID / SSN: \_\_\_\_\_

This student is enrolled at \_\_\_\_\_ for \_\_\_\_\_ credit/semester hours for the enrollment period of \_\_\_\_\_ through \_\_\_\_\_.  
(mm-dd-yy) (mm-dd-yy)

The above listed credit hours are to be considered: \_\_\_\_ Full-time \_\_\_\_ At least half-time \_\_\_\_ Less than half-time

Registrar or Financial Aid Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please return this form to:**

Fax #: 516.686.7997

*or*

New York Institute of Technology  
C/o Office of Financial Aid  
Northern Boulevard  
Old Westbury, NY 11568-8000

NYIT FAA Contact:

Susan Plunkett  
(516) 686 – 1082

NYIT Bursar Contact:

Betty Ann Rizzo  
(516) 686 – 1087