

SIENA COLLEGE

515 Loudon Road, Loudonville, NY 12211

Phone: (518) 783-2427 Fax: (518) 783-2410 e-mail : aid@siena.edu

Consortium Agreement

The following agreement is required under federal legislation governing payment of federal financial aid (institutional eligibility regulations, 34 CFR 600, P.600.9(b)(2), and Federal Pell Grant Code 690.9) for all students matriculated at Siena College who desire to receive assistance for either an approved program of study at a foreign institution or to attend another accredited institution as a non-degree candidate for a specified period of time.

Student's Responsibilities

I hereby request the Office of Financial Aid at Siena College to process financial aid as noted to cover my attendance at another institution as approved. I hereby agree to the terms of this Consortium Agreement and also agree to provide a copy of all bills to the Office of Business Affairs, which I receive from the host institution.

I understand that I must file the Free Application for Federal Student Aid (FAFSA) by May 1. In addition, I must comply with all filing requirements including, where applicable, the NYS TAP application and all verification documents before my financial aid eligibility can be determined.

It is agreed that if processing of the award(s) is not completed prior to registration due to my failure to complete the application process six weeks before payment is due, I will be responsible for paying the full balance due to the host institution.

Please note: Sections 1-3 must be completed before submitting to the Office of Financial Aid.

SECTION 1A – To be completed by the STUDENT:

Signature of Student: _____

Name of Student (Print): _____

Social Security Number: _____

Semester(s) Abroad or Visiting: _____

Host Institution/Program: _____

SECTION 1B – To be completed if coursework will be completed over the summer:

*Please Note: Siena College grants/scholarships are not available during summer session. If you wish to use any of the following sources of aid during the summer session, please indicate below (check all that apply).

_____ Direct Subsidized/Unsubsidized Stafford**

_____ Federal Pell Grant

_____ I will be using a private loan

_____ I do not wish to use any of the above

Students using Direct Stafford loans during the summer session will reduce funding available from these resources during the fall and spring semesters. Siena College will not replace these funds should instances as this occur.

During the summer session you will live: (check one)

_____ On-Campus

_____ With Parents

_____ Off-Campus (not with parents)

SECTION 2 - To be completed by your Academic Department at Siena College:

Siena College, the home institution agrees to accept the credits earned at the host institution on the same basis as credits earned at the home institution.

Signature of School Representative

Title

Date

SECTION 3 - To be completed by the HOST institution:

_____, the host institution, agrees to provide a transcript of the above student's academic record to Siena College and to notify the Office of Financial Aid at Siena College if the student withdraws from the program or drops any courses.

Student Enrollment:

Summer/Credit Hours _____

Fall/Credit Hours _____

Spring/Credit Hours _____

Student Expenses:

Tuition \$ _____

Fees \$ _____

Room & Board \$ _____

Books & Supplies \$ _____

Personal Expenses \$ _____

Travel \$ _____

TOTAL: \$ _____

Federal Pell Grant Cost of Attendance (Academic Year): \$ _____

I certify I am an authorized representative of _____ institution. As such, I certify that the information provided above reflects the official registration status and cost of attendance of this student.

Name of School Official/Title

Phone Number

Signature of School Official

Date

SECTION 4 - To be completed by Siena College's Office of Financial Aid:

Siena College, the home institution, agrees to pay the financial aid awarded to the above student for study during the academic periods during which the host institution certified the student is in attendance, and for administering the appropriate refund policy.

Signature of Financial Aid Officer

Title

Date