CONSORTIUM AGREEMENT

NEW YORK INSTITUTE OF TECHNOLOGY

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 CO | OMPLETED BY THE STUDENT: | | | | |
|--|--|--|--|--|--|
| Student's Name: | Student ID / SSN: | | | | |
| Home Address: | | | | | |
| Home Phone #: | one #: | | | | |
| Major: | Name of HOST institution: | | | | |
| government, and state gov Obtain clearance from the at Another College for Cro Registrar to show that all of degree at New York Tech Arrange to pay any costs at Obtain an official transcript submit it to New York Tech Ensure a copy of your bil I understand that I must have an off days after the end date of my classe given to New York Tech to obtain the state of th | submit all necessary documents required by the institution, federal ernment for processing of his/her financial aid New York Tech Office of the Bursar, complete a <i>Permission to Take Courses edit at New York Tech</i> form, and submit it to the New York Tech Office of the credits taken at the HOST institution will transfer and count towards his/her once they are successfully completed. Above and beyond their projected financial aid directly to the HOST school of the from their HOST school upon completion of their study there and | | | | |
| Student Signature: | Date: | | | | |
| | OMPLETED BY New York Tech Office of the Registrar: | | | | |
| at New York Institute of Technolog | is a degree-seeking student currently enrolled in an eligible program of study sy, and is attending the HOST institution as a transient student during the semester of the academic year. | | | | |
| HOME institution Official's signa | nture:Date: | | | | |
| HOME institution Official's name | e & title: | | | | |
| NOTE: New York Tech (HOME in • Determining eligibility for | IS TO New York Tech (HOME institution): Institution) will be responsible for the following: Institution in the following: Inst | | | | |

Processing pertinent refunds and/or repayments should this student withdraw

Monitoring satisfactory academic progress requirements

- 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 reporting student enrollment on Home School FISAP

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THIS SECTION TO BE COMPLETED BY THE HOST INSTITUTION:

| <u>Part I</u> : | | | | | |
|--|--------------------------|----------------------------------|--|--|--|
| The student is to be considered : Full-Ti | me | At Least Half-Time | Less than Half-Time | | |
| Beginning Date of Enrollment Period: | | End Date of Enrollment Period: | | | |
| *Please know that New York Tech will include this sign should NOT include the student when reporting enrol the visited institution's eligibility and the student's sa | llment to the Cle | aringhouse. Also, TAP eligibilit | | | |
| For TAP Grant purposes, tuition charges o tuition charges only and not for any other <i>one</i>) | | | | | |
| The HOST institution will be responsible | for the follow | ving: | | | |
| Confirming the student expense b | | • | | | |
| Not awarding any financial aid to | • | | | | |
| | ndrawal. The | host college will provide | lraws (or stops attending) a class or the withdrawal date and last date of e student's enrollment to the | | |
| Will forward any unused portion | of financial a | aid to the New York Tech | Office of the Bursar, if applicable. | | |
| Attn: BettyAnn Rizzo Northern Boulevard Old Westbury, NY 11568-8000 Phone: 516.686.1333 | | | | | |
| Cost of Attendance | Tuition | \$ | | | |
| | Fees | \$ | | | |
| | Room | \$ | | | |
| | Board | \$ | | | |
| <u> </u> | Books | \$ | | | |
| — | Travel | \$ | | | |
| <u> </u> | Personal | \$ | | | |
| | TOTAL: | | | | |
| | | | | | |
| 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 New York Tech 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 _ | credi | credit/semester hours for the | |
| enrollment period of | throug | gh | | | |
| | (mm-dd-yy) | (mm-dd-yy) | | | |
| The above listed credit hou | ars are to be considered: | Full-time | At least half-time | Less than half-tim | |
| Registrar or Financial Ai | d 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

New York Tech Financial Aid Contact: Amelia Cupani

516.686.7680

New York Tech Bursar Contact: BettyAnn Rizzo 516.686.1087

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