

CONSORTIUM AGREEMENT

This consortium agreement i					
(host institution) for the purpose of providing federal, and, if applicable, state financial assistance to the student listed below. The completed document must be on file with all concerned parties before any financial aid funds will be disbursed for the period of enrollment specified in the agreement.					
Consortium Period: Summer 20 Fall 20 Winter 20 Spring 20 (Consortium Agreement is for one term only. Please complete a new consortium agreement for each additional term.)					
Part 1: To be completed b	y Student				
Last Name	re First Name EMPLID				
Street Address		City	State	Zip Code	
()_ Phone Number	 MyHunter	Email			
I certify that I am a matric course(s) I plan to take at institution as certified by I	the host institution can b	oe used toward the		_	
I am requesting that the hinstitution. I affirm that I have comple processing requirements a	eted the necessary financ	cial aid applications	and will adhere to al		
I understand that I am res institution and that I could begin attendance or with	d be responsible for repa		•		
I understand that the disb deadlines. It is my respons CUNY disbursement dates	sibility to adhere to the d	•			
I agree to inform the hom under this consortium agr change in enrollment stat	eement. I further agree t	to notify the home a	nd host institutions	immediately of any	
I acknowledge that I am re institution be sent to my h Failure to arrange for an c	nome institution as soon	as possible at the co	mpletion of the con	sortium period.	
Will you be attending clas period of enrollment cove		titution (CUNY Hunt	er College) and the l	host institution for the	
YES NO					
Student's Signature:			Date:		

Part 2: Course Approval Forn	 n		
		to your enocified program must be at	ttachad
	_	g to your specified program must be at	
· · · · · · · · · · · · · · · · · · ·	• •	Form for Programs Abroad" is attache Permit to Attend Another College" is	
Part 3: To Be Completed By the	Host Institution	n	
Host Institution's Name			
Address			
		_\ Semester Academ	ic Year
Dates of Emoliment((Cost of Attendance	<u></u>
Tuition and Fees			
Room and Board			
Books and Supplies			
Transportation			
Other (Specify)			
Total Cost of Attendance			
Registered Course #	Registered Co	urse Title	Number of Credits
		CERTIFICATION.	
		CERTIFICATION	
		ove-named student is enrolled for sta	•
		inform the home institution if the stud	
		of enrollment covered by this agreem	
		le, if known, the student's last day of a	
-		ne student Pell Grant and/or any camp	ous-based funds and will
not certify Federal Stude		·	
		Title IV eligible institution.	
		plied to the student's account at CUN	· · · · · · · · · · · · · · · · · · ·
		nt are paid, will be refunded directly to	
student's responsibility to pay a	any outstanding	g charges incurred to the host institut	ion.
School Official's Name		Signature	
Title	Em	nail	Date
Telephone #		. Fax #	

by this agreement are as foll	ceived at the home institution by the student for the period of enrollment covered ows:
Federal Pell:	
Federal SEOG:	
Direct Loan:	
Other (Specify):	
The home institution agrees	to monitor the student's satisfactory academic progress, be responsible for

Home Institution Financial Aid Officer Name_____

Signature _____ Title _____ Date ____