



**CONSORTIUM AGREEMENT**  
 (For study at another college/program)

This Consortium Agreement will allow you to use some of your federal student aid (Pell Grant, Stafford, Unsubsidized Stafford, PLUS loans), and TAP (if you are a New York resident attending a New York State School full-time) at another approved school or program. Please note that this agreement cannot be used for campus-based or NYU aid programs. Federal regulations allow only one institution, the "home institution," to award federal financial aid. As the "home institution," NYU can recommend these forms of aid when its students study elsewhere, and obtain permission in advance to transfer the courses to the NYU degree program. Academic progress standards for NYU do not change during period of agreement. As the home school, NYU will pay on the Pell Grant of eligible students. NYU will maintain all records related to the student's aid. Awards are based on the actual cost of attendance at the Consortium School.

This form may be used for courses approved to be taken elsewhere, provided you have the form completed by the Consortium School/Program. As with most forms of aid, you must also file a Free Application for Federal Student Aid (FAFSA).

Refunds: NYU can transfer funds either to the student or directly to the Consortium School/Program. You should contact the Bursar's Office to make arrangements for transferring the funds. No funds will be made available to the student, or the Consortium School/Program, until all funds are actually received at NYU. The loan proceeds will automatically be sent to the NYU Bursar. In some cases the student is still responsible, if applicable, for signing the checks and may have to arrange a power-of-attorney to do so, if student is unable to sign the checks. In addition, the student must be in good financial standing at NYU; all debts must be paid. In some cases, funds may not be received until as late as two months after the beginning of the semester. If the student is dependent upon these funds to pay the bill, and the Consortium School/Program requires payment before a refund may be issued from NYU, alternative arrangements should be made with the Consortium School/Program to have their bill covered.

- DIRECTIONS:**
1. Complete Section A of Agreement. Be sure to sign.
  2. Obtain signature from advisor stating that permission has been granted and credits will transfer as equivalent to NYU credit. Grades achieved at a visiting school will not necessarily be averaged into the student's NYU GPA.
  3. Have Consortium School complete Section B of Agreement and return to New York University, Office of Financial Aid, 25 West 4th Street, New York, NY 10012-1119.

**Gallatin undergraduate students must have this form signed by their Class Adviser or the Director of Advising. Gallatin graduate students must have this form signed by the Associate Dean.**

**SECTION A: TO BE COMPLETED BY STUDENT AND FORWARDED TO NON-NYU PROGRAM**

1. Student Name: \_\_\_\_\_ UID: \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. I will be in the following non-NYU program: \_\_\_\_\_

- 2007-08 Academic Year
- 2007 Fall Semester Only
- 2008 Spring Semester Only
- 2008 Summer Session(s) Only

4. This agreement applies to:

- Stafford loan
- Pell Grant
- Other (name) : \_\_\_\_\_

5. Any financial aid from non-NYU sources?  Yes  No

If yes, please specify sources and amounts:  
 \_\_\_\_\_

6. The above student has permission to attend. The credits earned at the other school may be given credit as if earned at NYU.

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

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

**SECTION B: TO BE COMPLETED BY THE CONSORTIUM SCHOOL**

1. Name of the U.S. College/University that will receive federal funds: \_\_\_\_\_

2. Is your College/University approved by the U.S Department of Education to receive Title IV Federal Funds?

Yes       No (If no, student should contact the NYU Financial Aid Office)

Please list your title IV code: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Program Director/Title: \_\_\_\_\_

5. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

6. Enrollment Status:

- Less than half -time
- Half-Time
- Three-quarter time
- Full-Time

7. Estimated Costs:

Tuition	_____
Fees	_____
Room & Board	_____
Books & Expenses	_____
Travel	_____
Other	_____
<b>TOTAL</b>	_____

8. Is your program providing this student with any financial aid?     Yes     No

If yes, describe and provide amounts: \_\_\_\_\_

**CERTIFICATION:**

A. The Consortium School certifies that the student listed has been accepted for enrollment in the program listed above (#1) and that the program meets the federal requirement for aid. The program is at least 15 weeks in length, and the academic year is 30 weeks in length.

B. The Consortium School agrees not to pay the student Pell Grant, campus based funds, or process any federal loans during the enrollment period listed above (#5). Further, the Consortium School agrees to notify NYU if the student changes his or her enrollment status, or withdraws from the program before its conclusion. If the student withdraws the Consortium School must provide the withdrawal date and dates of academic semester as soon as the withdrawal date is determined. The home school will be responsible for R2T4 determination and appropriate return of funds. Satisfactory conclusion of the program will be evidenced by an academic transcript upon written request of the student, but the Consortium School agrees to notify NYU of any satisfactory progress or attendance problem.

C. NYU agrees to provide payment to the student, if eligible, under federal programs for the appropriate period.

D. The Consortium School agrees to notify NYU if the student is not attending classes regularly.

**Signatures:** (Please note: Federal Regulations permit the signatures of Financial Aid Officers.)

I certify that the above information is true and complete and that I will notify NYU if any of this information changes.

\_\_\_\_\_  
For New York University

\_\_\_\_\_  
For the Consortium School

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please Return To:    Office of Financial Aid  
New York University  
25 West 4th Street  
New York, NY 10012-1119

Or return by fax to 212-995-4661. Please include the student's University I.D. number (UID) on all faxed pages.