

**Visiting Student
 Consortium Agreement**

As per Part 668.19, Student Assistance General Provisions, and Part 690.8, Federal Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between Broome Community College (the home institution) and the indicated Host Institution for the purpose of providing federal financial assistance to the student named below. This completed document must be on file with all concerned parties before BCC will disburse any financial aid funds for the period of enrollment in question.

Part I: To Be Completed By Student

Name: _____ Broome ID: _____

Date of Visiting Enrollment: From ___/___/___ To ___/___/___ Academic year: _____

This Consortium Agreement is an agreement between BCC and the Host Institution for the enrollment period verified (Part III) by the Host Institution.

The Bursar’s Office at BCC will disburse all aid funds to the student for that particular enrollment period. It is the student’s responsibility to pay the Host Institution any moneys due.

If you will be **full-time** at the Host Institution, you must apply for your TAP through that school. You may be required to file a TAP change form (contact the host school). If you are taking courses at both your home and host schools during the same semester, TAP should be requested through BCC. First time student loan borrowers at BCC must complete a student loan entrance interview before any loan funds will be disbursed.

The student agrees that he/she will provide official grade transcripts from their Host Institution to the BCC Registrar’s Office at the end of the period of enrollment.

Student’s Signature _____ Date _____

Part II: To Be Completed By Student’s Department Chairperson or Department Dean

Please list the course(s) the student is taking at the host institution that are applicable to their degree program and approved for transfer back to BCC (all courses passed with grades that are offered by BCC will be transferred):

Department Chairperson’s or Dean’s Signature: _____

Printed Name: _____ Telephone extension: _____

Academic Department: _____

* Return to student after completion of Part II for forwarding to the Host Institution.

Part III: To Be Completed By Host Institution Financial Aid Office

Federal Pell Grant Cost of Attendance for academic year \$ _____

Detailed Institutional Budget for Campus-Based financial aid for period of enrollment:

Tuition and Fees \$ _____ Full-time tuition (not including fees) \$ _____

Room and Board* _____ per credit hour tuition (not including fees) \$ _____

Books and Supplies* _____

Transportation* _____

Other (specify)* _____

Number of credit hours enrolled at Host Institution: _____ Length of Period of Enrollment: _____ weeks

Student is considered by the Host Institution to be enrolled: ___ full-time ___ half-time ___ less than half-time

Actual dates of enrollment for these credits: From ___/___/___ To ___/___/___

Term(s) of Enrollment: ___ Summer ___ Fall ___ Spring ___ Other

The Host Institution will certify the student's NY State TAP grant: ___ Yes ___ No

* BCC expenses will be used unless a change of residence is required.

Certification

- A. The Host Institution certifies that the above-referenced student is enrolled for the stated period of attendance. Further, the Host Institution agrees that it will inform BCC if the student withdraws before the end of the stated period of attendance as well as providing amended cost of attendance figures.
- B. The Host Institution agrees that it will not pay the student a Pell Grant and/or any campus-based funds and that it will not certify a Federal Direct Subsidized Loan, Federal Direct Unsubsidized Loan or Federal Direct PLUS loan for the stated period of enrollment.
- C. The Host Institution agrees the student will apply for all New York State grant/scholarship programs through the Host Institution if the student will be enrolled on a full-time basis at the Host Institution.

Host Institution's Signature _____

Printed Name _____

Title _____ Date _____

Name of Host Institution _____

Address _____

Telephone Number (____) _____ FAX Number (____) _____

Note: Please return this form to the BCC Financial Aid Office.
A certified copy will be returned to you upon completion.

Part IV: To Be Completed By BCC Financial Aid Office

Financial aid awards to be received by the student for the stated period of enrollment are as follows:

Federal Pell Grant \$ _____
Federal Supplemental Educational Opportunity Grant _____
Federal Direct Subsidized Loan _____
Federal Direct Unsubsidized Loan _____
Federal Direct PLUS Loan _____
TAP _____
Other _____

Student is considered by BCC to be enrolled ___ full-time ___ half-time ___ less than half-time

Certification

- A. BCC agrees to accept the credits earned at the Host Institution if the Department Chairperson or Department Dean in Part II of this agreement has approved them.
- B. BCC agrees to monitor the student’s program pursuit and satisfactory academic progress, to be responsible for disbursing funds to the student, and for administering the appropriate Federal refund policy in cases of withdrawal from all course work.
- C. BCC certifies that the student is enrolled in a degree granting program of study and that the student’s matriculation will be maintained by BCC during the period of this agreement.

BCC Signature _____ Date _____

Printed name _____

Title _____

SUNY Broome Community College
Financial Aid Office
PO Box 1017
Binghamton, NY 13902-1017

Phone (607) 778-5028
FAX (607) 778-5451

Distribution: Host Institution
BCC Financial Aid Office
BCC Academic Department
BCC Registrar
BCC Bursar
Student