Consortium Agreement Instructions

PURPOSE

A consortium agreement is required when a student attends courses or participates in a program at another institution (the HOST), but will remain a matriculated student at Erie Community College (the HOME institution) and is receiving financial assistance. Consortium agreements are approved at the discretion of the Office of Financial Aid.

IMPORTANT INFORMATION

- You should be prepared to pay the host institution’s tuition bill. This includes tuition and fees for courses at the school you are visiting as well as any books or supplies.
- Your aid will be disbursed by your home school (ECC) based on the schedule approved by the college for that semester and only after we receive verification of enrollment from your host institution.
- Your aid will be applied to your student account at ECC and any credit balance will be refunded to you via check at the address on file with ECC. Aid will not be disbursed directly to your host institution; you must make and keep payment arrangements with the school you are attending during the consortium period.
- You must notify ECC if you drop the course(s), withdraw, or stop attending. Changes in enrollment will affect your eligibility for student aid.
- You must be making Satisfactory Academic Progress for your Consortium Request to be considered.

CHECKLIST

☐ Complete section I (Student Section) and take the Consortium Agreement to your academic advisor to complete section II. Courses taken through a Consortium Agreement must apply to the degree program in which the student is matriculated at Erie Community College. Courses are expected to be transferred back to ECC.
☐ Section IV must be completed by the Office of Financial Aid at the Host Institution. This ensures that the proper institution (home school) is processing aid for the student.
☐ Section V must be completed by both the Host and Home Institutions.

The student is responsible for ensuring that the Consortium Agreement is completed and returned to the Office of Financial Aid at ECC; no aid can be disbursed without it.
As allowed in Part 66.19, student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between

Erie Community College and ________________________________

(HOME institution) (HOST institution)

For the purpose of providing federal financial assistance to the student named below.

Student Section:
(Please print)

Name of student: _______________________________
ECC ID Number: __________ SSN: XXX-XX-__ __ __

I am requesting a Consortium Agreement to be processed to attend __________________________ for the following semester: (check one)

Fall 20__, Spring 20__, Summer 20__

In order for the Office of Financial Aid to process this request, I fully acknowledge the following:

- I must be granted permission by my Academic Department Chair (or designee)
- The course(s) I have requested to take will be transferred back to ECC prior to the next registration period
- The course(s) are required to complete my degree at ECC
- I intend to successfully complete my degree or certificate program at ECC
- I understand I must be making Satisfactory Academic Progress for this appeal to be considered
- The Office of Financial Aid has the final approval or denial of this request

I have read and understood the above statements and request that Erie Community College process my Consortium Agreement.

Signature: _____________________________________________ Date: ____________________

Academic Advisement Section:
The above-named student has permission to take the following required course work:

<table>
<thead>
<tr>
<th>Courses at Visiting School</th>
<th>transfers back as</th>
<th>ECC Courses</th>
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<tbody>
<tr>
<td>Course # ____________</td>
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- The completed courses will be used to meet the student’s degree requirements at ECC.
- I have advised the student that this course work must be transferred back to ECC prior to the next registration period.

Academic Department Chair’s Name or designee (Please print): _____________________________________________

Academic Department Chair’s Signature or designee: _________________________________________________

Academic Department: _______________________________________________________________________
This agreement applies to:

Pell Grant___________ Direct Loans____________ Campus Based Aid__________

To be completed by Host Institution:

Institutional Cost of Attendance for the Consortium period

(Include tuition, fees, room & board, etc.)

Cost of Tuition and Fees Only

Number of credit hours for which student is registered

Academic Period of Enrollment

Start Date _____________ End Date ________________

Certification statements:

1. The Host Institution certifies that it satisfies the definition of an eligible institution under the Higher Education Act of 1985, as amended, and is eligible to participate in the Federal Student Financial Aid Programs.

2. The Host Institution certifies that the student listed is enrolled for the period of attendance as indicated on the front of the Consortium Agreement.

3. The Host Institution agrees that it will not pay the student a Pell Grant or any campus based funds, and that it will not certify a Direct Loan during the period of attendance as indicated above. Furthermore, the Host Institution agrees to notify Erie Community College if the student withdraws before the end of the period of attendance stipulated above.

4. Erie Community College will accept the credits earned at the Host Institution as agreed to by the student’s academic department at the Home Institution.

5. Erie Community College agrees to provide payment to the student if eligible under the programs listed above for the appropriate period of time.

6. Erie Community College agrees to monitor the student’s academic program pursuit and satisfactory academic progress and to be responsible for disbursing funds to the student, and for administering the appropriate refund policy.

Host Institution: ___________________________

Certifying Official’s Name & Title ___________________________

Certifying Official’s Signature ___________________________

Date ________________

Home Institution: ___________________________

Certifying Official’s Name & Title ___________________________

Certifying Official’s Signature ___________________________

Date ________________

Submit completed form to the Office of Financial Aid. Form may also be mailed or faxed to:

Office of Financial Aid
6205 Main Street
Williamsville NY 14221
(716) 851-1677 Phone
(716) 270-2856 Fax