



## Office of Financial Aid and Scholarship Services Request for Consortium Agreement Instructions

A Consortium Agreement allows Stony Brook University to process financial aid awards for a student while they attend classes at an alternate academic institution. It is a process which is to be utilized only in extenuating circumstances. **Courses already taken and passed at Stony Brook University are not transferrable and as such cannot be counted as acceptable coursework in a Consortium Agreement. If the student wants to raise their grade in such a class they will need to retake it at Stony Brook University. If they wish to take it at another institution, financial aid cannot be processed for this course. Consortium Agreement requests to take classes at a local community within driving distance of Stony Brook University are most often denied.**

In order to be considered for a Consortium Agreement the student must complete the following steps:

1. Contact the alternate academic institution that they will be attending instead of Stony Brook University to be sure that the institution is willing to participate in this agreement.
2. Complete page 2 of this form and obtain the appropriate signatures from the Major/Minor Department and a Transfer Office Advisor. Once the form is completed and signatures are obtained, page 2 must be returned to the Office of Financial Aid and Scholarship Services.
3. If the request is approved, the Stony Brook University Office of Financial Aid and Scholarship Services will send a Consortium Agreement form to the student.
4. The Consortium Agreement form must be completed and returned to the Office of Financial Aid and Scholarship Services at Stony Brook University.

**\*\*Please Note: All of the above steps must be completed prior to the student beginning study at the alternate academic institution. The student should be aware of the alternate school's tuition and billing policies. Stony Brook University will process financial aid according to federal, state, and institutional guidelines. The scheduled disbursement dates for financial aid awards are listed on SOLAR when viewing the awards. The student is responsible to pay the alternate academic institution directly.**

Office of Financial Aid and Scholarship Services  
180 Administration Building  
Stony Brook, NY 11794-0851  
Phone: (631) 632-6840 Fax: (631) 632-9525  
Email: [finaid@stonybrook.edu](mailto:finaid@stonybrook.edu)



For Official Use Only:
Posted: \_\_\_\_\_

Request for Consortium Agreement

A Consortium Agreement allows Stony Brook University to process financial aid awards for a student while they attend classes at an alternate academic institution. It is a process which is to be utilized only in extenuating circumstances. The student is responsible to pay the alternate academic institution directly.

NAME, ADDRESS, HOME PHONE #, CELL PHONE #, STONY BROOK ID#, CITY, STATE, ZIP CODE, EMAIL ADDRESS

Term of Request: Summer 20, Fall 20, Spring 20
Expected Graduation Term

Visiting Institution: Does this school participate in Consortium Agreements? YES NO

Proposed Courses to be taken at visiting school (use reverse side if more space is needed):

Table with 4 columns: Course Name, Number of Credits, Course Name, Number of Credits. Rows 1-4.

Please check below the reason for taking the courses listed above:

Classes are needed for Major/Minor requirements
Classes are needed for DEC requirements
Other (Please Specify): \_\_\_\_\_

Will classes be taken at Stony Brook University at the same time? YES NO

Please explain in detail the circumstances as to why courses cannot be taken at Stony Brook University. Use reverse side if additional space is needed.

Blank lines for explanation of circumstances.

STUDENT SIGNATURE, DATE

Required Signatures from Academic Officials (If the class fulfills a major requirement the signature below must be from an advisor in the major department. If the class fulfills other than a major requirement the signature below must be from the Transfer Office or an academic advisor):

Major Department: (PLEASE SPECIFY MAJOR ABOVE)
Transfer Office Advisor:
I have reviewed the student transcript and the courses listed above were not already taken and passed at Stony Brook University.
Yes, the courses listed above satisfy major requirements
No, the courses do not satisfy major requirements
PRINT NAME, PHONE #, SIGNATURE, DATE

For Office Use Only: Date Committee Met, School Title IV Elig?, Approved, Denied, Decision Comment Posted, Student Notified, Email, Letter, Phone, Outgoing Communication Created, Date of Outgoing Communication, Advisor Signature, Date

# Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

## **Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health**

Health Sciences Center Office of Student Services

HSC Level 2, Room 271

Stony Brook, NY 11794-8276

Telephone: 631-444-2111

Fax: 631-444-6035

[hscstudentservices@stonybrook.edu](mailto:hscstudentservices@stonybrook.edu)

## **All Other Graduate and Undergraduate Programs**

Office of Financial Aid and Scholarship Services

Administration Building Room 180

Stony Brook, NY 11794-0851

Telephone: 631-632-6840

Fax: 631-632-9525

[finaid@stonybrook.edu](mailto:finaid@stonybrook.edu)