



Office of Financial Aid & Scholarship Services

Consortium Agreement Request Form

Request approval to use Stony Brook financial aid while taking approved coursework at another institution

FOR OFFICE USE ONLY	
CommKey / Checklist	
Summer	9CNSRQ / 9CNSSR-1266
Fall	9CNSRQ / 9CNSRQ-1268
Spring	9CNSRQ / 9CNSRQ-1274

Purpose: A Consortium Agreement allows Stony Brook University to process financial aid while you attend approved classes at another participating institution. **This process is intended only for extenuating circumstances. You are responsible for paying the host institution directly.**

1. Student Information

Student Name: _____ Stony Brook ID #: _____

Address: _____ City/State/ZIP: _____

Email Address: _____ Phone Number: _____

2. Requested Term and Host Institution

Term of Request:

☐ Summer 20____ ☐ Fall 20____ ☐ Spring 20____

Expected Graduation: _____

Taking SBU classes at the same time? ☐ Yes ☐ No

Host Institution: _____

If yes, # of SBU credits: _____

Participates in Consortium Agreements? ☐ Yes ☐ No

3. Proposed Courses at Host Institution

Courses already taken and passed at Stony Brook cannot be included.

Course Name	Credits	Stony Brook Equivalent
1.		
2.		
3.		
4.		

4. Reason for Request

☐ Needed for Major/Minor requirements

☐ Needed for SBC/general degree requirements

☐ Medical* ☐ SBU does not offer course

☐ Other*: _____

Explain why the course(s) cannot be taken at Stony Brook University: **Include supporting documentation when applicable. Use Reverse side if necessary.*

5. Required Academic Review

Major Department *(required if 57+ credits)*

☐ I reviewed the transcript; listed courses were not already taken and passed at SBU.

☐ Courses satisfy major/minor requirements.

☐ Courses do not satisfy major/minor requirements.

Print Name: _____

Phone: _____ Date: _____

Signature: _____

Academic Advisor / ATAS

☐ I reviewed the transcript; listed courses were not already taken and passed at SBU.

☐ Courses satisfy SBC/general degree requirements.

☐ Courses do not satisfy SBC/general degree requirements.

☐ Referred to ATAS if transfer equivalency is unavailable.

Print Name: _____

Phone: _____ Date: _____

Signature: _____

6. Student Certification

I have read and understand the instructions on page 2. I understand that I am responsible for the host institution's tuition and billing policies and must pay the host institution directly.

Student Signature: _____ **Date:** _____



Office of Financial Aid & Scholarship Services

Consortium Agreement Request Instructions

Review these instructions before completing the request form

IMPORTANT: Consortium Agreements are intended for extenuating circumstances. Courses already taken and passed at Stony Brook University cannot be counted under a Consortium Agreement. Requests to take classes at local community colleges within driving distance of Stony Brook are rarely approved.

1

Confirm the host institution will participate

- Contact the Financial Aid Office at the institution you plan to attend and confirm that it is willing to participate in a Consortium Agreement.
- If you are taking classes at another SUNY institution, do not use this form. Complete the SUNY Cross Registration process through the Registrar instead.

4

If approved, complete the Consortium Agreement

- Financial Aid will send the Consortium Agreement to you after the request is approved.
- You and the host institution's Financial Aid Office must complete the agreement and return it to Stony Brook no later than the first week of the semester.

2

Complete the request and obtain approvals

- Complete page 1 and list each proposed host-school course.
- Obtain **Major Department approval if you have 57 or more earned credits** and obtain Academic Advisor review.
- If transfer-equivalency information is unavailable, the Academic Advisor may refer the course to ATAS.

5

Submit a transcript after the term

- Immediately after the term ends, submit a transcript to Stony Brook University for all courses taken under the Consortium Agreement.

3

Submit the request on time

- The completed request and required signatures must be received by the Office of Financial Aid and Scholarship Services no later than two weeks before the start of the semester you are requesting.

6

Understand billing and aid timing

- Check the academic calendar for semester dates and review the host institution's tuition and billing policies.
- Stony Brook processes financial aid according to federal, state, and institutional guidelines. Scheduled disbursement dates are available in SOLAR.
- You are responsible for paying the host institution directly.

What is an extenuating circumstance? An occurrence outside your control, such as a required course that is not offered at Stony Brook University or an inability to take a required Stony Brook course because of illness. Include supporting documentation when applicable. These are examples only; each request is reviewed individually.

How to submit this form

Print and sign the form. Electronic signatures are not accepted.

Preferred: Upload the completed form through the Upload Process in your SOLAR To Do List. Only .tif and .pdf file types are accepted.

Alternative: Mail or fax the form to the Office of Financial Aid & Scholarship Services. Include your name and Stony Brook ID on all correspondence.

4. Reason for Request (Additional Space)