

State University of New York College of Environmental Science and Forestry

Office of Financial Aid and Scholarships

STUDY ABROAD CONSORTIUM AGREEMENT

- A Study Abroad Consortium Agreement allows SUNY-ESF to process financial aid awards for a student while attending classes at an alternate academic institution for an approved study abroad program.
- As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Study Abroad Consortium Agreement is entered into between SUNY-ESF (home institution), the degree-granting institution, and the host institution named below for the purpose of providing federal financial assistance to the student named below.
- Except for tuition charges collected for enrollment in a Study Abroad Program at a SUNY Institution, all approved financial aid funds will be disbursed directly to the student. It is the student's responsibility to make all necessary payment arrangements.
- Financial aid funds will not be offered until the student has submitted this fully completed form, an approved Study Abroad Request Form, and a Study Abroad Data Form.

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STEP 1: TO BE COMPLETED BY THE STUDENT										
NAME:	SU ID#:									
HOST INSTITUTION:	NUMBER OF CREDITS:									
STUDY ABROAD TERM:	DATES OF PROGRAM:									
STEP 2: TO BE COMPLETED BY THE HOST INSTITUTION above unless otherwise specified.	ON – Please provide information for the study abroad term indica	ted								
TUITION:	FEES:									
ROOM:	BOARD:									
BOOKS/SUPPLIES:	TRANSPORTATION:									
PERSONAL EXPENSES:	OTHER (SPECIFY):									
PELL GRANT COST OF ATTENDANCE FOR ACADEMIC	YEAR:									
 term indicated above. The Host Institution certifies that the studen program at the institution for the term indic 	will notify SUNY-ESF if the student withdraws before the end of the at indicated above is approved to participate in a study abroad ated. rogram pursuit and satisfactory academic progress, disburse funds									
SUNY-ESF FINANCIAL AID ADVISOR	HOST INSTITUTION FINANCIAL AID ADVISOR									
NAME:	NAME:									
SIGNATURE:	SIGNATURE:									
TITLE:	TITLE:									
DATE:	DATE:									
PHONE:	PHONE:									

FAX:

E-MAIL: