



OFFICE OF FINANCIAL AID AD HOC CONSORTIUM AGREEMENT

It is the student's responsibility to complete this form and have the appropriate signatures and approvals at both Stevens Institute of Technology and the visiting institution. Prior to the completion of this form please contact your major department and complete the Visiting Student Authorization form which allows you to take credits at another university and have them transfer back to Stevens Institute of Technology. Please be aware that there are specific requirements to attend another institution.

If your enrollment status changes it is the student's responsibility to notify both the Financial Aid and Registrar's Office in writing of these changes.

Student Information

Name _____
Permanent Address _____

SS# _____
Address during Visiting Semester _____

Stevens Institute of Technology

The student must obtain written permission from their academic advisor and the Registrar's office to enroll as a transient student.

The student listed above is a degree-seeking student at Stevens Institute of Technology. The student will be enrolled as a Visiting student at _____

During the _____ (semester/year) of the _____ academic year. The student named may qualify for financial aid administered by Stevens Institute of Technology based on the following information.

- 1. The student has permission to enroll as a Visiting student? [] Yes [] No
2. Beginning and ending date of the semester/year (circle one) _____

Academic Advisor/Dean Signature _____ Date _____
(a copy of your completed Transfer Credit form must be attached to this document)

VISITING SCHOOL INFORMATION

- 3. Charges for the semester/year (circle one)
a. Tuition/Fees _____
b. Room/Board _____
c. Books/Supplies _____
d. Miscellaneous _____
e. TOTAL _____

4. The student will be enrolled for _____ credits during the above listed period.

5. The institution the student will attend, _____, is approved by the U.S. Department of Education to participate in the Title IV Aid programs as defined in 34 CFR Part 600: [] Yes [] No

6. If the student withdraws during the academic period indicated, _____ agrees to inform Stevens Institute of Technology of the date of the withdrawal and any reduction in the student's charges [] Yes [] No

RESPONSIBLE OFFICIAL. The officials who are responsible for the administration of the financial aid program at the schools listed above agree that all Title IV and State aid will be calculated and disbursed through Stevens Institute of Technology (the degree granting institution) in accordance with Federal, State, and institutional regulations. Satisfactory progress and other student eligibility requirements will also be monitored by Stevens Institute of Technology.

Stevens Institute of Technology

Visiting Institution

Signature _____ Date _____

Signature _____ Date _____

Print Name/Title _____

Print Name/Title _____ email address _____