



Albany College of Pharmacy and Health Sciences Consortium Agreement Instructions

- For the purpose of this form, Albany College of Pharmacy and Health Sciences (ACPHS) is considered the home school.
- The student must complete and obtain all necessary signatures on the Consortium Agreement and return the completed form to the ACPHS Office of Financial Aid before classes begin at the non-home school.
- The student must have a complete financial aid file at ACPHS before this consortium agreement will be approved.
- The student must be enrolled at least half time (for 6 or more credit hours) for the semester at the non-home school for federal aid eligibility. At least 3 credits for private loans.
- A student's enrollment status for determining financial aid eligibility and student loan deferment includes **only** courses required for degree fulfillment. Courses in which you are enrolled that are not required for your degree program do not qualify for payment or student loan deferment.
- All coursework must be approved by the ACPHS Registrar prior to the start of classes at the non-home school.
- All course work earned must be transferable to ACPHS pursuant to the student's degree requirements.
- The student cannot receive financial aid at the non-home school.
- The student must provide a copy of his/her bill and schedule from the non-home school to the Office of Financial Aid at ACPHS.
- The student is responsible for payment of all tuition and fees at the non-home school. ACPHS will not pay the non-home school directly.
- The student is required to notify the Office of Financial Aid at ACPHS immediately if there are any changes in his/her enrollment at the non-home school.
- An official academic transcript must be sent to ACPHS Registrar's Office within thirty (30) days of completion of the coursework. The student must request and pay for any transcript fees associated with the transcript from the non-home school.
- The student must satisfy any outstanding student account balance at ACPHS before any funds can be refunded to the student for charges at the non-home school.



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Consortium Agreement for Financial Aid

Important! The student must complete Section A with the Registrar at the home school (ACPHS) and Section B with the Registrar at the non-home school. A copy of the student's schedule and bill from the non-home school must be attached to this form.

Section A: (To be completed by the student and signed by the Albany College of Pharmacy and Health Science's Registrar)

Student Name: _____ Social Security Number: _____

Non-home school: _____

Enrollment Period: _____ Total Credits: _____

Course(s): _____ Credit per course: _____

Reason for taking course(s) at non-home school: _____

To be completed by the Registrar at Albany College of Pharmacy and Health Sciences:

I certify that these required courses have been approved for this student. If the courses are successfully completed, these credits will be transferred back to the student's Albany College of Pharmacy and Health Sciences academic record.

Registrar's Printed Name

Registrar's Signature

Date



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Section B: (to be completed by non-home school)

I certify that this student has registered for the course(s) listed. I will notify the Office of Financial Aid at Albany College of Pharmacy and Health Sciences if I become aware that this student withdraws from any or all of the listed course(s). I have enclosed a copy of the student's registration and billing statement for the course(s).

Authorized Official Printed Name

Title

Authorized Official Signature

Date

Telephone Number

E-Mail Address

Section C: (to be completed by Albany College of Pharmacy and Health Sciences Financial Aid Office)

My signature verifies that this student has completed this Consortium Agreement correctly. Albany College of Pharmacy and Health Sciences will be responsible for awarding and disbursing any financial aid the student is eligible for. Albany College of Pharmacy and Health Sciences will recalculate the student's financial aid eligibility if the student withdraws from the approved course(s) listed on this agreement.

ACPHS Office of Financial Aid Official Printed Name

Title

ACPHS Office of Financial Aid Official Signature

Date

Albany College of Pharmacy and Health Sciences Office of Financial Aid Use Only:

Copy of schedule received: _____

Copy of billing statement received: _____

Consortium Agreement fully completed: _____

Academic Transcript Received: _____