



Office of Financial Aid AD HOC Consortium Agreement

STUDENT FILLS OUT FIRST 5 LINES

Name _____ Ramapo R# _____

Home Address _____
Street Address City State Zip

Home Telephone Number _____ Cellular Number _____

Ramapo E-Mail Address _____ SS# _____

School Attending _____

The above is a degree-seeking student at Ramapo College of New Jersey. The student will be enrolled as a transient student at _____ during the (semester/year) _____

1. The Student named may qualify for financial aid administered by Ramapo College based on the following information:
2. Does the student have permission from _____ to enroll as a transient? ☐ Yes ☐ No
3. Dates of enrollment: Fall _____ Spring _____ Summer _____ Academic Year _____
School Attending
4. The student will be enrolled for _____ credits during the period above.
5. Charges for semester/year:

Tuition _____	Fees _____
Room _____	Board _____
Books _____	Total _____

If the student withdraws during the academic period indicated from _____, _____
School Attending
Administrator agrees to inform Ramapo College of New Jersey the date of the
Withdrawal and any reduction in the student's charges or credits.

Responsible Official: The officials who are responsible for the administration of the financial aid programs at the schools listed above agree that all Title IV and State Aid will be calculated and disbursed through Ramapo College (the degree granting institution) in accordance with Federal, State, and Institutional regulations. Satisfactory progress and other student eligibility requirements will also be monitored by Ramapo College of New Jersey.

Name of Visited Institution _____

Visited Institution Signature of Administrator / DATE _____

Title / Phone Number _____

Signature Ramapo College Office of Financial Aid / DATE _____