



## 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: School Attending Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Academic Year \_\_\_\_\_
4. The student will be enrolled for \_\_\_\_\_ credits during the period above.
5. Charges for semester/year:

<b>Tuition</b> _____	<b>Fees</b> _____
<b>Room</b> _____	<b>Board</b> _____
<b>Books</b> _____	<b>Total</b> _____

If the student withdraws during the academic period indicated from \_\_\_\_\_, \_\_\_\_\_ School Attending agrees to inform Ramapo College of New Jersey the date of the \_\_\_\_\_ Administrator 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 \_\_\_\_\_