



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
School Attending
3. Dates of enrollment: Fall Spring Summer Academic Year
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

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