



FINANCIAL AID OFFICE
 300 POMPTON ROAD • WAYNE • NEW JERSEY 07470-2103
 PHONE: 973-720-3945 • EMAIL: FINAID@WPUNJ.EDU

OFFICE OF FINANCIAL AID AD HOC CONSORTIUM AGREEMENT

Deadline: Form must be processed by first day of classes for each semester / before the start of each semester

It is the student's responsibility to complete this form and have the appropriate signatures and approvals at both William Paterson University 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 William Paterson University. Please be aware that there are specific requirements to attend another institution.

This information can be found in the university catalog or online at: <https://webapps.wpunj.edu/catalog/>
 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 _____ SS# _____

Permanent Address

Address during Visiting Semester

William Paterson University Permission

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 William Paterson University of New Jersey. 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 William Paterson University 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 _____ :

Academic Advisor Signature _____ Date _____
 Registrar's Signature _____ Date _____

Visiting School Information

3. Charges for the semester/year
 - a) Tuition _____
 - b) Fees _____
 - c) Room _____
 - d) Board _____
 - e) Miscellaneous, books, supplies _____
 - f) TOTAL _____
4. The student will be enrolled for how many credits during the above listed period ____
5. The institution the students 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 William Paterson University of New Jersey 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 William Paterson University of New Jersey (the degree granting institution) in accordance with Federal, State, and institutional regulations. William Paterson University of New Jersey will also monitor satisfactory progress and other student eligibility requirements.

William Paterson University – Financial Aid (973) 720-3116

Visiting Institution

Signature _____

Signature _____

Name Title _____

Name and Title _____

School _____ Number _____