Dear Graduate Student:

Our records indicate that you are a visiting student at ________________ for the ______________ semester. We are unable to process your financial aid until we receive the following information:

_____ A Consortium Agreement completed by you and the host (visiting) Institution.

_____ A completed “Approval of Transfer Credit for Coursework taken at Accredited Institutions” Form. This form may be obtained from the Graduate Office or Departmental Offices and must be approved prior to processing your financial aid. Please have the Graduate Office fax the completed form to our office.

_____ A copy of your class schedule from the host school.

_____ A copy of your paid bill from the host school.
   You must have a zero balance at your host school.

Please note you will need to submit an official copy of your grades for the course(s) taken at the other Institution(s) within 21 days of the end of the term. Failure to do so could cause you to lose your financial aid for the semester.

Yours truly,

Elizabeth M. Flanigan
Jennie Hoffman
Financial Aid Office
Phone (315) 312-2248
Fax (315) 312-3696