Date: ____________________

Student: ____________________________ ID #: __________________

Dear Undergraduate 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 Off Campus Study Approval Form.

_____ 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