ATLANTA'S
JOHN MARSHALL
LAW SCHOOL

SAVANNAH
LAW SCHOOL
A branch of Atlanta's John Marshall Law School

CONSORTIUM AGREEMENT
(John Marshall Law School/Savannah Law School students attending elsewhere)
Terms of Agreement

Atlanta's John Marshall Law School (the "home" institution) agrees to enter into consortium agreement with _____ (the "host" institution) for the purpose of providing Title IV aid to the student listed below who will be enrolling as a transient student at the host institution for the period also specified below. This agreement will be made under the following terms:

_____   _____
Student's Last Name, First, M.I.   Social Security Number

Period of Enrollment: _____   to _____
　　　　　　　　　　　First day of class   *Last day of final exams*

The Host Institution Certification Eligibility
We certify that we are able to participate in Title IV Federal Student Aid Programs

_____   _____
Signature, Financial Aid Officer   Date

Host Institution Agrees To:
1. Complete the Certification of Costs for Title IV Aid and return it to the home institution as soon as possible.
2. Verify enrollment in compliance with Title IV regulations and disburse funds. Please provide mailing address:_____
_____
_____
3. Have the Registrar of the host institution file with the home institution the Certification of Enrollment form, attaching a copy of the student's bill to verify actual costs of tuition and fees.
4. Make refunds, if appropriate, according to applicable refund policy, and notify the home institution of such refunds.
5. Return the check to the home institution if the student does not enroll.

The Home Institution Agrees To:
1. Accept _____credits from the host institution toward the _____degree.
2. Process Student Title IV aid in compliance with program requirements.

CERTIFICATION OF COST FOR TITLE IV AID & RECOMMENDED DISBURSEMENT DATES

Recommended disbursement date(s): _____

Estimated Budget for Enrollment Period

Tuition & Fees*　　　　　_____　　　number of credits _____*
Room, Board & Utilities　_____
Transportation　　　　　_____
Other (　　　　)　　　　_____
Total Costs　　　　　　_____

_____   _____
Signature, JMLS Financial Aid Director   Signature, Host Financial Aid Officer

_____   _____
Print Name　　　　　　　　　　Date   Print Name　　　　　　　　　　Date

CONSORTIUM AGREEMENT

CERTIFICATE OF ENROLLMENT

NOTE: Registrars Office must complete and file when student enrolls.

_____   _____
Student's Last Name, First, M.I.   Social Security Number

Period of Enrollment: _____   to _____
                         First day of class   *Last day of final exams*

*Number of Credit Taken: _____   *Number of credits applied to degree: _____

*Please verify <u>actual costs and credits</u> with a copy of the student's bill.

_____   _____
Signature of the Registrar's Office   Host Institution

_____   _____
Print name, Registrar   Date