



CONSORTIUM AGREEMENT
(John Marshall 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: _____
First day of class

to _____
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* _____
Room, Board & Utilities _____
Transportation _____
Other () _____
Total Costs _____

number of credits _____*

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: _____
First day of class

to _____
Last day of final exams

*Number of Credit Taken: _____

*Number of credits applied to degree: _____

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

Signature of the Registrar's Office

Host Institution

Print name, Registrar

Date