



CONSORTIUM AGREEMENT

(Atlanta's 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 No. Home School Student ID

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/COA for Title IV Aid and return it to the home institution as soon as possible.
2. Verify enrollment in compliance with Title IV regulations. Please provide mailing address that home school's Bursars office should mail tuition check to :

3. Have the Financial Aid or Registrar's Office complete the Certification of Enrollment form
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 J.D. degree.
2. Process Student Title IV aid in compliance with program requirements.

CERTIFICATION OF COST FOR TITLE IV AID & RECOMMENDED DISBURSEMENT DATES

Host Institution Recommended Disbursement Date(s): _____

Estimated Budget/Cost of Attendance for Enrollment Period

Tuition & Fees*	\$ _____	Total Number of credits Enrolled _____*
Room & Board/Living Expenses	\$ _____	
Transportation	\$ _____	
Books/Supplies	\$ _____	
Personal & Miscellaneous	\$ _____	
Other (_____)		
Total Cost of Attendance	\$ _____	

Signature, AJMLS Financial Aid Director

Signature, Host Financial Aid Director/Officer

Print Name

Date

Print Name

Date

Atlanta's John Marshall Law School
Office of Financial Aid
1422 West Peachtree Street NW
Atlanta, GA 30309
p: 678-916-2675
f: 404-873-3802
email: financialaid@johnmarshall.edu



CONSORTIUM AGREEMENT CERTIFICATE OF ENROLLMENT

NOTE: *To be completed by the Financial Aid, Registrar's or office responsible for enrollment verification at host the institution.*

Student's Last Name	First Name	Middle	Social Security Number

Student ID at Host Institution	AJMLS Student ID

Period Of Enrollment (First Day of Class):	
Period of Enrollment (Last day of Class/Final Exams):	
Number of Credits Enrolled:	
Number of credits applied to degree: <i>(To be completed by Home School)</i>	

Signature of HOST Institution's Representative

Name of Host Institution

Printed Name

Date

Name of Host Institution's Office