



2022-2023 REQUEST FOR FINANCIAL AID TRANSFER

245 Peachtree Center Ave NE, Suite 1900, Atlanta, GA 30303
Phone: (678) 916-2600, ext 2675 Fax: (404) 873-3802

Student Name (Print): _____ Student ID: _____
Last First MI

Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ Law School E-mail: _____

I have been approved by the Associate Dean of Academic Affairs to register at another institution during the academic period indicated below. Please determine my eligibility for financial assistance based upon the Cost of Attendance established by the host institution. I understand that these funds will be sent directly to my student account at my Host Institution.

My living plans at host institution: On Campus Off Campus

Name and address of the host institution: _____

Academic semester requested for aid transfer: FALL 2022 SPRING 2023 SUMMER 2023
 Process my financial aid for the MAXIMUM amt Process my financial aid to cover TUITION & FEES only

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

Host Institution Student Course Schedule attached: Yes No

Host schedule must display course name, number, number of credit hours, course start and end date for all courses for which student is enrolled.

By my signature below, I certify that I understand the following rules and disbursement guidelines:

_____ I must arrange with the AJMLS Registrar to be registered in the appropriate consortium courses
Initial at AJMLS in order for my aid to credit to my host law school student account.

_____ Funds will not be requested until 10 days prior to the start of the program of study. Any payment
Initial deadlines established by the host institution will be met by my home institution. *Please note, under no circumstances will funds be disbursed early or advanced.*

_____ I understand that my Title IV financial aid funds for tuition will be sent directly to the host institution at the
Initial address above upon receipt of an official invoice and class schedule from the host institution. AJMLS will issue any excess funds according to the student loan refund request form directives submitted to the Bursar's Office at AJMLS.

_____ I understand that if any registered courses on my submitted Student Schedule that are dropped during
Initial the add/drop period, or if I completely withdraw from the host institution (officially or unofficially), my financial aid eligibility will be reduced and/or totally canceled.

_____ / _____ / _____
Student Signature Date

FOR USE BY OFFICE OF FINANCIAL AID ONLY

Date Financial Aid Transfer Request Received: _____ Date Host School Official Invoice Received: _____

Host School Student Course Schedule Received: Yes No

Financial Aid Officer Signature: _____ Date Request Approved: _____