



CONSORTIUM AGREEMENT

(John Marshall Law School/Savannah Law School students attending elsewhere)

Terms of Agreement

Atlanta's John Marshall or Savannah 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 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
- 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 for Enrollment Period

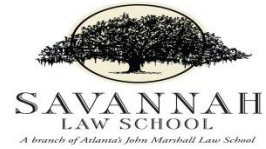
| | | |
|------------------------------|----------|---|
| Tuition & Fees* | \$ _____ | Total Number of credits Enrolled _____* |
| Room & Board/Living Expenses | \$ _____ | |
| Transportation | \$ _____ | |
| Books/Supplies | \$ _____ | |
| Personal & Miscellaneous | \$ _____ | |
| Other (_____) | |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

Signature, AJMLS/SLS Financial Aid Director

Signature, Host Financial Aid Officer

Print Name Date

Print Name Date



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CERTIFICATE OF ENROLLMENT

NOTE: Registrar's Office must complete when student enrolls.

| Student's Last Name | First Name | Middle | Social Security Number |
|---------------------|------------|--------|------------------------|
| | | | |

| Student ID at Host Institution | AJMLS/SLS Student ID |
|--------------------------------|----------------------|
| | |

| | |
|--|--|
| Period Of Enrollment (First Day of Class): | |
| Period of Enrollment (Last day of final exams): | |
| Number of Credits Enrolled: | |
| Number of credits applied to degree: | |

Signature of the Registrar's Office

Name of Host Institution

Printed Name

Date