

## Summer 2024 Law School Consortium Agreement Form

		-	
Between (Home Sch	ool)	and (Host Institution)	
To be completed b	y the student:		
Name		LMU ID	
Address		Home Phone Number	
City	State Zip Code	Cell Phone Number	
Consortium Term :	Summer 2024		
Note: Students must a	pply for one term per consortium form. Mult	iple terms will not be considered.	
Do you plan to also re	egister at Loyola Law School during the conso	ortium term ?	es No
If Yes, how many hou	rs do you plan to register at LLS ?		
Terms and Condition	1 <u>5</u>		
participat	nd state financial aid may only be received for e in Federal Student Aid (FSA) programs. A c ent has ended.		•
l agree to: Obtain an approval le	etter from the LLS Registrar's office and subn	nit the form to the office of Financial	Aid.
• Complete a Consorti	ium Agreement Form prior to beginning enr	ollment at the host institution.	
Submit documentati	on of host institution enrollment to LMU's Fi	nancial Aid Office prior to the start o	f the enrollment period.
• Complete the course changes.	work indicated in the agreement at the host	institution and notify the Financial A	Aid Office at LMU of any enrollmen
	and the host institution's policies regarding rents; this includes not receiving aid from more		
	o payment deadlines for each institution. (No due at the host institution prior to the disburs by that deadline.)		
Provide an official accepted of enrollment per		J	ffice within 30 days after
	Loyola Law School Registrar's O 919 Albany Street Los Angeles, CA 90015	ffice	
•	ost institution to share information relating t the academic transcript.	o my enrollment and financial aid el	igibility as well as my host
Student Signature			Date



## **Summer 2024 LLS Consortium Agreement Form**

Student N	ame				LMU ID				
To be cor	mplet	ed by host sch	ool's Financial Aid Ot	fficer:					
Enrollment	t dates	at host school		to					
Enrollment	status	while at Host Sch	ool :	☐ Half time	☐ > Half ti	me 🗆	ີ Full ¹	time	
			student plans to take at onal coursework on a sep		_	e consort	ium te	erm and the	e number of credi
Course				Cro	edit Hours				
Course				Cre	edit Hours				
☐ Is stude	ent cur	rently enrolled in	the above coursework?	Tr	otal Credit Ho	ıırc			
Cost of Att			ent period stated above ection is 0, enter 0; do not le	e:	nai Credit 110	uis			
		on and Fees					\$		
	Roor	n and Board					\$		
	Book	cs and Supplies					\$		
	Tran	sportation					\$		
	Othe	ers(Please specify)					\$		
						Total	\$		
<ul> <li>Confirm the requirement</li> <li>Not award</li> <li>Accept particular institution</li> <li>Notify the</li> <li>Provide Log (Note: The</li> </ul>	his students.  Id any featyment  In's disk  Finance  Stude  Stude	ederal, state or ins from the student oursement policie cial Aid Office and aw School with ar	ent/visiting status in an actitutional or private aid control and apply it to fees and so.  I Loyola Law School Region academic transcript im the first section of this again.	during the time the disburse any crea strar's Office of ar mediately upon c	ne student is of dit balance to ny registration ompletion of	enrolled a the stude n changes the conso	t the hent in a	ost institut accordance period, at	tion. with the host the student's req
Host Scho	ol Offi	cial's Signature						Date	
Name					Title				
Address					Phone Nu	mber			
Fax Numb	oer			Email addres	s				
			How to Submi	it this Form:					
		ncial Aid Office ve, Suite 270	The Department of Educatio containing personally identif	n requires that docun				For Office	Use Only:

Phone: 310.338.2753 Fax: 310.338.2793

Los Angeles, CA 90045

containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at financialaid.lmu.edu/upload

For Office Use Only: RRAAREQ - CONS @ R Etrieve - Summer Consortium

FAO Staff Initial\_\_\_\_\_\_ Date:\_\_\_\_\_

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