Capital University
1903 Law School

Office of Financial Aid

303 East Broad Street • Columbus, Ohio 43215 • (614) 236-6350 • FAX: (614) 236-6972 • Financialaid@law.capital.edu

Student Authorization – Consortium Agreement

A consortium agreement is required in order to receive financial aid for your attendance at another law school as a transient student. This binding agreement between two Title IV-eligible institutions enables Capital University Law School, your "home" institution, to calculate your financial aid award while you are on an approved course of study in an eligible degree program while visiting a "host" institution, either domestic or abroad. Capital University Law School Financial Aid Office will be responsible for awarding and disbursing your financial aid.

Step 1 Contact Associate Dean for approval to attend host institution

Step 2 Complete Section 1 – Student Information and Section 2 – Host Institution Information

Step 3 Return completed and signed Student Authorization – Consortium Agreement form to the Capital University Law Financial Aid Office. We will then fax a Consortium Agreement to your Host Institution to obtain confirmation of your enrollment status, aid period and cost of attendance figures used to calculate your financial aid eligibility. Please note that Federal guidelines regulate disbursement dates.

Step 4 Once a completed Consortium Agreement has been returned to the Office of Financial Aid from the Host Institution, the student will be contacted to initiate the loan application process.

Step 5 Check with your Host Institution regarding fee due dates. If fees are due prior to the disbursement schedule at Capital University Law School, make arrangements to pay by the Host Institution deadline. It is the student's responsibility to ensure that tuition and fees owed to the Host Institution are paid, regardless of financial aid eligibility.

Section 1 – Student Information:

Name: _____ Social Security Number: XXXX-XX-_____

Address: _____ Capital Student ID Number: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Section 2 – Host Institution Information:

Host Name: _____ Phone: _____ Fax: _____

Address: _____ Enrollment Term: _____ Fall _____Spring _____ Summer

City: _____ State: _____ Zip: _____ Program Start Date: _____ End Date: _____

Contact Name: _____ Study Abroad Location (if applicable): _____

Statement of Authorization:

I agree to:

- Inform Capital University Law School immediately if I choose not to enroll or otherwise cancel my participation in this program.
- Allow Capital University Law School and my Host Institution to share all relevant information relating to my enrollment and financial aid eligibility.
- Maintain satisfactory progress; comply with all applicable academic, social, administrative rules, regulations and policies of both institutions.
- Receive federal financial aid only from Capital University Law School during Consortium Agreement period.
- Pay fees according to payment deadlines for each institution. (Note: Capital University Law School will disburse aid according to the Capital University Law School's disbursement schedule. If fees are due at the host institution prior to disbursement, the student is responsible to pay by that deadline.)
- Ensure that an official academic transcript from the Host Institution representing the work attempted under this agreement be sent directly to Capital University Law School Office of Records and Registration in a timely manner.

Student Signature: _____ Date: _____