

# Georgetown University Law Center Financial Aid Office

600 New Jersey Ave., NW, Washington, DC 20001 Phone: 202.662.9210 Fax: 202.662.9367

---

## Consortium Agreement

*between*

\_\_\_\_\_  
*(Host Institution)*

*and*

Georgetown University Law Center (GULC)  
*(Home Institution)*

*These institutions are entering into a Financial Aid Consortium Agreement on behalf of:*

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

*For the purposes of this agreement, the Host Institution is the institution the student will attend for the period of enrollment specified and the Home Institution (GULC) is the degree granting institution to which the student is admitted.*

### Conditions of Agreement

1. This student is enrolled as a degree-seeking student at Georgetown University Law Center.
2. During the period of this Consortium Agreement, the student will be attending courses through the Host Institution.
3. GULC (Home Institution) will accept all transfer credits earned by the student at the Host Institution identified in this agreement toward the students' degree.
4. The Host Institution is responsible for monitoring the student's enrollment status during the period of the Consortium Agreement, which must be at least half-time for Federal Title IV Aid.
5. GULC (Home Institution) is responsible for determining financial aid eligibility for all financial aid programs.
6. Financial aid funds for the period of this agreement will not be released until the student pays any outstanding charges owed to GULC.
7. It is the student's responsibility to ensure that tuition and fees owed to the Host Institution are paid, regardless of financial aid eligibility.
8. The Host Institution agrees to disburse financial aid funds to the student on behalf of GULC (Home Institution) upon receipt of the funds from GULC.
9. Student authorizes GULC to release loan funds to the Host Institution. Student must initial and date this here: \_\_\_\_\_.

This section to be completed by the **Host** Institution:

**Enrollment Status:**

Term of Attendance

\_\_\_\_\_ Summer 2007      \_\_\_\_\_ Fall 2008      \_\_\_\_\_ Spring 2008

Number of Credits: \_\_\_\_\_

Is student considered to be Full-time or Part Time Status? \_\_\_\_\_

Enrollment Period \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*mo. day year mo. day year*

**Cost of Attendance:**

Tuition/Fees	\$ _____
Rent & Food	\$ _____
Books & Supplies	\$ _____
Transportation Costs	\$ _____
Personal Expenses	\$ _____
Other	\$ _____

**Total** \$ \_\_\_\_\_

**Host Institution Administrative Contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Check Payment Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

We certify that the information provided in this agreement is true and correct to the best of our knowledge and agree to the conditions and terms set forth.

\_\_\_\_\_  
*Host Institution*

**Georgetown University Law Center**  
*Home Institution*

\_\_\_\_\_  
*Financial Aid Officer Printed Name*

\_\_\_\_\_  
*Andrea Tazioli*  
*Financial Aid Officer Printed Name*

\_\_\_\_\_  
*Financial Aid Officer Title*

\_\_\_\_\_  
*Assistant Director*  
*Financial Aid Officer Title*

\_\_\_\_\_  
*Financial Aid Authorized Signature*

\_\_\_\_\_  
*Financial Aid Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**Submit completed form to:**

Georgetown University Law Center Financial Aid Office, 600 New Jersey Avenue NW, Washington DC 20016  
or Fax 202.662.9367