

Financial Aid Consortium Agreement

Between the University of Detroit Mercy School of Law (Home Institution) and

Host Institution _____

The two institutions named above are herein entering into a consortium agreement on behalf of

Name of Student _____

Student's Address _____

For the _____ semester which commences on _____, 20____
and ends on _____, 20_____.

Name of Program _____ Anticipated Credit Hours _____

Website of Program (if available) _____

Certification

1. The University of Detroit Mercy School of Law agrees to provide payment to the student up to the amount listed as the cost of attendance at the Host Institution, if eligible under federal and/or private loan programs for the term specified.
2. The Host Institution agrees not to provide payment for federal and/or private loan programs to the above-mentioned student during the term specified.
3. The above-mentioned student is a degree-seeking student at the Detroit Mercy School of Law and is making satisfactory academic progress.
4. The student is to be registered **FULL** **HALF** time at the Host Institution during the term specified.
5. The Host Institution agrees to notify Detroit Mercy School of Law if the student drops to less than half time.
6. Detroit Mercy School of Law considers the above-named student to be enrolled **FULL** **HALF** time student and accepted as a degree candidate in the Home Institution's law program, although said student will be taking courses off-campus.
7. Detroit Mercy School of Law is the "parent institution" for all financial aid matters and will confer a degree upon successful completion of its law program.
8. Detroit Mercy School of Law will accept transfer credits of 2.2 (C) or higher earned at the Host Institution.

Budget (to be completed by the Host Institution):

Tuition and Fees	_____	Based on _____ credit hours
Room and Board	_____	
Personal Expenses	_____	
Books and Supplies	_____	
Transportation/Travel	_____	
Misc. Fees & Expenses	_____	
Total	_____	

HOST INSTITUTION

UNIVERSITY OF DETROIT MERCY
SCHOOL OF LAW

Signature

Signature

Date

Date

Print Name

Print Name

Title

Title
651 East Jefferson

Address

Detroit, Michigan 48226

City/State/Zip

Email Address

Email Address
313-596-9416/fax 313-596-0280

Telephone

Comments: _____
