The Law Student Consortium Agreement form establishes that the "home" institution considers the student to be enrolled in an eligible program and accepts credits earned at the "host" institution for credit towards a degree in that program, and that financial aid established with the home institution can be used to provide financial assistance towards expenses incurred at the host institution.

### Section 1: Student Section

**A:** I request a Law Student Consortium Agreement at the following institution for the following semester(s). The agreement must be on file/processed by the semester financial aid census date, which can be found at [http://www.financialaid.buffalo.edu/process/disbursement.php](http://www.financialaid.buffalo.edu/process/disbursement.php).

<table>
<thead>
<tr>
<th>Option</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Summer 2018</td>
</tr>
<tr>
<td>☐</td>
<td>Fall 2018</td>
</tr>
</tbody>
</table>

**Host Institution:** ________________  
**Term:** ☐ Winter 2019  ☐ Spring 2019

**B:** In order to process this request I acknowledge all of the following:

- I have been granted permission from my Academic Department to take the following courses:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course #</th>
<th>Course #</th>
<th>Course #</th>
<th>Course #</th>
</tr>
</thead>
</table>

- The courses I have requested to take will be transferred back to the University at Buffalo (UB) to be used toward degree requirements.

- I am required to request an official transcript sent from the host institution (listed in A above) to UB at the conclusion of the host institution’s term. Failure to provide an official transcript by the following deadlines will result in a determination of an Unofficial Withdrawal financial aid status and a loss of financial aid funds.

- The disbursement of funds from UB may occur after the host institution's payment due dates. Late fees and/or course cancellation may occur. It is my responsibility to adhere to the policies of the host institution.

- All financial aid will first be applied to my student account at UB. Any funds remaining after any charges on my UB account are paid will be refunded directly to me. **It is my responsibility to pay any outstanding charges incurred at the host institution.**

- I am responsible for maintaining Satisfactory Academic Progress (SAP). The policy can be found at [http://financialaid.buffalo.edu/process/sap/php](http://financialaid.buffalo.edu/process/sap/php).

I have read and understand the above statements and request that UB processes my Law Student Consortium Agreement.

**Student Signature:** ____________________________________________________  
**Date:** ______________________________

### Section 2: Academic Advisor Section (Must be completed before Section 3)

The above name student has permission to take coursework at the host institution listed in section 1:

**For the following term(s):**  
| Summer 2018 | Fall 2018 | Winter 2019 | Spring 2019 | **Enrollment Period:** Start Date: ______________  
|--------------|-----------|-------------|-------------| End Date: ______________

I affirm the completed courses will be used toward the student's degree requirements at UB. I have advised the student that this coursework must be transferred back to UB within 6 weeks of the conclusion of the term.

**Academic Advisor Name (print):** ______________________________________  
**Date:** ______________________________

**Academic Advisor Signature:** ______________________________________  
**Email:** ______________________________  
**Title:** ______________________________________  
**Department:** ______________________________________

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*North Campus Office: Financial Aid at 1Capen  
South Campus Office: Financial Aid at 1Diefendorf (Room 114)  
Mailing Address: Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260  
Phone: 716-645-8232  
Fax: 716-645-6566  
Website: [financialaid.buffalo.edu](http://financialaid.buffalo.edu)*
Student Person Number: _______________________

Section 3: Host Institution (Sent this form to host institution for completion)

Institutional cost of attendance for the consortium period: ____________________________ Cost of tuition only: ____________________________

Number of credit hours registered: _________ Period of enrollment (in weeks): ____________________________

Start Date: ____________________________ End Date: ____________________________

Please read and sign the certification statements below:

- The host institution certifies that the student listed is enrolled for the period of attendance as indicated on page 1 of the Law Student Consortium Agreement.

- The host institution agrees that it will not certify any Pell Grant, Campus-Based Aid and/or Direct Loan during the period of attendance as indicated above. Furthermore, the host institution agrees to notify UB if the student has withdrawn before the end of the period of attendance stipulated above.

- UB agrees to accept the credits earned at the host institution to be used toward the student’s degree requirements.

- UB also agrees to provide payments to the student, if eligible, for the financial aid programs listed in Section 1.

- UB also agrees to monitor the student’s program pursuit and satisfactory academic progress and to be responsible for disbursing funds to the student and administering the appropriate refund policy as outlined below.

- **REFUND POLICY:** All financial aid will be applied to the student's account at UB first. Any funds remaining after any charges on the student's UB account are paid will be refunded directly to the student. **It is the student's responsibility to pay any outstanding charges incurred at the host institution.**

__________________________________________________________________________

Host Institution Certifying Official Name (Please Print) Host Institution Certifying Official Signature

__________________________________________________________________________

Host Institution Certifying Official Title Host Institution Certifying Official Email Address Date

Host Institution Mailing Address:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

University at Buffalo Office of Financial Aid Certification

__________________________________________________________________________

Certifying Official Signature

__________________________________________________________________________

Date

Hours Registered at UB: ____________________________

Hours Registered at Host Institution: ____________________________

Budget: ____________________________

Tuition Only: ____________________________

Comments Noted in HUB: ____________________________

Other: ____________________________