



**Consortium Agreement**

with

\_\_\_\_\_   
 Host School of Student

Address of Host School: \_\_\_\_\_   
 \_\_\_\_\_

Student Name (print) \_\_\_\_\_ AU ID: \_\_\_\_\_

**Student Statement – to be completed by student**

Term of Enrollment: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Academic Year (ex: 2023-2024) \_\_\_\_\_ - \_\_\_\_\_

Courses of Study at Host School: \_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_

Number of Credits at AUWCL while attending the Host School: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

By my signature below, I confirm I have obtained the appropriate Permit to Study for the courses indicated above which will be transferred back toward my degree program at AMERICAN UNIVERSITY WASHINGTON COLLEGE OF LAW (AUWCL). I agree that I will immediately notify AUWCL if my enrollment plans change or if I drop or withdraw from courses at the Host Institution after they have begun. I understand that all approved financial aid for the term will be applied to my AUWCL student account and any credit balance will be refunded directly to me. I understand that I am solely responsible for satisfying charges incurred while enrolled at the Host Institution. I have read, understood and accepted all terms and provisions of the AUWCL Student Studying Elsewhere Consortium Agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

AU ID: \_\_\_\_\_

**Host School Financial Aid Office Statement**

The Host School agrees that all federal financial aid and private student loans shall be processed by American University Washington College of Law. If the Host School does intend to grant any non-federal scholarship or grant awards for this student, please indicate below and provide written explanation of awards:

Award Type	Amount	Award Type	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Please provide the standard allowances for Cost of Attendance used by the Host Institution for the applicable term(s):

Tuition \$ _____	Books/Supplies \$ _____
Fees \$ _____	Transportation \$ _____
Room \$ _____	Personal \$ _____
Board \$ _____	TOTAL \$ _____

Term of Enrollment at Host Institution: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Credits Enrolled: \_\_\_\_\_

Certification that student is enrolled for the courses listed on page 1 of this agreement: \_\_\_ Yes

By signature of authorized officials, it is hereby agreed that, upon enrollment of the student named above at the Host Institution for the term and courses recorded above, AUWCL shall administer all financial aid for the student during his/her period of enrollment at the Host Institution, while a degree seeking student at AUWCL. It is further agreed that the Host Institution will not process any financial aid for the student. The Host Institution agrees to notify the AUWCL Financial Aid Office in the event of any change in the student's enrollment status. The Host institution understands that all financial aid awarded to the student will be applied to the student's account at AUWCL and any credit balance will be refunded directly to the student. The student is solely responsible for satisfying charges incurred while enrolled at the Host Institution. Should the student completely withdraw from the Host Institution, the Host Institution will promptly notify AUWCL and will coordinate with AUWCL regarding any necessary return of Title IV funds. AUWCL will monitor satisfactory academic progress (SAP) standards in accordance with AUWCL standard SAP procedures.

Authorized Signature  
of Host Institution  
Financial Aid Officer \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Title IV School Code \_\_\_\_\_

Date \_\_\_\_\_