

**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	_____	
<b>Total</b>	_____	

HOST INSTITUTION

UNIVERSITY OF DETROIT MERCY  
SCHOOL OF LAW

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

651 East Jefferson

\_\_\_\_\_  
City/State/Zip

Detroit, Michigan 48226

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

313-596-9416/fax 313-596-0280

\_\_\_\_\_  
Telephone

Comments: \_\_\_\_\_

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