



CONSORTIUM AGREEMENT
 (University of Miami students attending elsewhere)
Terms of Agreement

The University of Miami School of Law (the “home” institution) agrees to enter into a consortium agreement with _____ (the “host” institution) for the purpose of providing Title IV aid to the student listed below who will be enrolling as a transient student at the host institution for the period also specified below. This agreement will be made under the following terms:

Student’s Name _____ Cane I.D. _____

Period of Enrollment: _____ to _____
First day of class Last day of final exams

Host Institution Certification Eligibility

We certify that we are able to participate in Title IV Federal Student Aid Programs

Signature, Financial Aid Officer _____ Date _____

The Host Institution Agrees To:

1. Complete the Certification of Costs for Title IV Aid and return it to the home institution as soon as possible.
2. Verify enrollment in compliance with Title IV regulations and disburse funds. Please provide mailing address:

3. Have the Registrar of the host institution file with the home institution the Certification of Enrollment form, attaching a copy of the student’s bill to verify actual costs of tuition and fees.
4. Make refunds, if appropriate, according to applicable refund policy, and notify the home institution of such refunds.
5. Return the check to the home institution if the student does not enroll.

The Home Institution Agrees To:

1. Accept _____ credits from the host institution toward the _____ degree.
2. Process Student Title IV aid in compliance with program requirements.

CERTIFICATION OF COST FOR TITLE IV AID & RECOMMENDED DISBURSEMENT DATES

Recommended disbursement dates: _____

Estimated Budget for Enrollment Period

Tuition and Fees*	_____	number of credits _____*
Books & Supplies	_____	
Room, Board & Utilities	_____	
Transportation	_____	
Other ()	_____	
Total Costs	_____	

Home Institution _____

Host Institution _____

Signature, Financial Aid Officer _____

Signature, Financial Aid Officer _____

Print Name _____ Date _____

Print Name _____ Date _____



**CONSORTIUM AGREEMENT
CERTIFICATION OF ENROLLMENT**

NOTE: Registrar's Office must complete and file when student enrolls.

Name: _____ Student Cane I.D.# _____

Period of Enrollment: _____ to _____
First day of class Last day of final exams

*Number of Credits taken: _____ *Number of credits applied to degree: _____

**Please verify actual costs and credits with a copy of the student's bill.*

Signature of the Registrars Office

Host Institution

Print name, Registrar

Date