



Consortium Agreement

(for Visiting-Away Students)

THE CATHOLIC UNIVERSITY OF AMERICA Law School Financial Aid Office

If you intend to attend another institution for which you expect to transfer academic credit towards your current CUA degree and you wish to receive financial aid, you must complete a Consortium Agreement. The two parties involved in this agreement are your HOME school (CUA) and the HOST school.

1. Allow at least four weeks for the completion of this agreement.
2. You and the CUA Financial Aid Office will complete Section I.
3. The CUA Financial Aid Office will contact your HOST school to complete Section II and return to CUA.
4. Deliver to the Financial Aid Office documentation of your permission to attend the HOST school and receive credit toward your degree at CUA.
5. Deliver to the Financial Aid Office documentation your enrollment (e.g., copy of schedule) and the number of registered credit hours at the HOST school. We may wish to have the HOST school confirm your registered classes in writing to the CUA Financial Aid Office.
6. Confirmation of enrollment must be received before any funds will be released. You must notify the Office of Student Financial Assistance in writing of any changes in your enrollment status, including withdrawing from any or all courses.
7. Funds will be released in accordance with Catholic University's disbursement schedule and applicable policies (typically your financial aid funds will be delivered to your HOST school).

SECTION I – Complete as much as possible before bringing to the Financial Aid Office

Student Name (please print): _____ CUA ID: _____

CUA Email Address _____ @cardinalmail.cua.edu

Name of Host Institution _____

Contact Person _____ Contact Phone Number _____

Contact Email Address: _____ Contact Fax Number _____

Address _____

Permission to Visit Away is attached ____ Student is approved for ____ credit hours at above institution of which ____ credit hours will be applicable (transferable) toward completion of the student's current certificate or degree program.

Name and Title of CUA Financial Aid staff member _____

Signature _____ Date _____

SECTION II – to be completed by the Host School

Student Name: _____ HOST School ID _____

Enrollment Dates (month/day/year): From _____ to _____

Student will be taking _____ credit hours and will be considered at least half-time (circle) : YES NO

Program Cost of Attendance:

Tuition and Fees: \$ _____

Room and Board \$ _____

Books and Supplies: \$ _____

Transportation: \$ _____

Loan Fees \$ _____

Miscellaneous/Personal: \$ _____ (Notes _____)

Payment Deadline: _____ and financial aid proceeds to be mailed to:

Attention: _____

Address: _____

The student wishes to use financial aid and/or scholarships to help cover the cost of attendance during the enrollment period noted above. The Catholic University of America will consider the student enrolled in an eligible program of study, will calculate the award, disburse eligible financial aid, and send funds to host institution. If the student fails to register, reduce the number of credit hours, or withdraws from classes at any time during the above referenced enrollment period, the host institution agrees not to process any financial aid on the student's behalf and to notify Catholic University of America. Catholic University of America agrees to handle any refunds and/or repayments to the Title IV programs resulting from the student's withdrawal from classes and to monitor Satisfactory Academic Progress, according to established policies.

The contents of this agreement comply with all pertinent federal, state, and university regulations, policies and procedures. The statement will verify that the student has permission to register as a transient student at the host institution and that the student will receive credit toward a degree from Catholic University.

Signature of HOST School administrator Date _____ Title IV School Code _____

Printed Name and Title of Signer _____

The above may be contacted via email at _____ or by phone at _____

OFFICE OF FINANCIAL AID USE ONLY

Date Received	Date Processed	Initials