

OFFICE OF FINANCIAL AID

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lawfaid@suffolk.edu



**CONSORTIUM AGREEMENT between
SUFFOLK UNIVERSITY LAW SCHOOL and**

(Host School)

In the matter of financial aid for:

Student Name: _____

SS# (last 4 digits): _____

Suffolk University Law School considers the above named student to be accepted as a degree seeking candidate in the law program maintaining satisfactory academic progress and enrolled at least half -time.

Per the approval of the Dean and/or Associate Dean at Suffolk University Law School and acceptance into the program at the host school:

Suffolk University Law School:

- is the parent/home school for all financial aid matters
- will process financial aid in accordance with federal rules and regulations
- will accept transfer credits and confer a degree upon successful completion of the law program

Host School:

- will verify enrollment status and notify the home school if the status should change
- will transfer credits to the home school
- confirms the budget figures and enrollment information as follows

Enrollment period: _____ through _____

Full-time Half-time Less than half-time # of credits: _____
(Please circle one)

Tuition and Fees: _____

Books/Supplies: _____

Room/Board: _____

Transportation: _____

Total Budget: _____

Authorized Signature (Host School)

Date

Print Name and Title

Telephone Number

All loan proceeds will be disbursed directly to the student. It will be the student's responsibility to pay the visiting school.

SUFFOLK UNIVERSITY LAW SCHOOL BOSTON
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