

# Consortium Agreement

PLEASE COMPLETE SECTION 1 OF THIS FORM AND FORWARD SECTION II TO THE HOST INSTITUTION.

## Section I. To BE COMPLETED BY STUDENT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RWU ID: \_\_\_\_\_  
 Host ID: \_\_\_\_\_  
 Phone: \_\_\_\_\_

By signing this consortium agreement, I (the student) agree:

- I have been approved by the Dean of Student's Office to take course(s) at the Host institution.
- To notify the Financial Aid Office at Roger Williams University School of Law of any change in my enrollment status at either institution
- Authorize the Host institution to release any required information to finalize my financial aid at the Home School.

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

## Section II. TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT HOST INSTITUTION

This Consortium Agreement will allow Roger Williams University School of Law to disburse financial aid based on the student's enrollment at the host institution. Roger Williams University is responsible for determining eligibility of awards, disbursing aid, returning funds, and reporting federal requirements.

Name of Host Institution:	_____
Enrollment Period:	Fall _____ Spring _____ Summer _____
Dates of Enrollment:	From _____ to _____
Number of Credits Enrolled:	_____

Tuition and Fees:	\$ _____
Books & Supplies:	\$ _____
Room & Board:	\$ _____
Transportation:	\$ _____
Personal/Miscellaneous:	\$ _____
Total Cost of Attendance:	\$ _____

### UNDER THIS AGREEMENT, THE HOST INSTITUTION:

- Will notify Roger Williams University School of Law if the student withdraws or drops below the required enrollment.
- Will NOT process any federal or state aid during the above period of enrollment.

On behalf of the **Host Institution:**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

On behalf of **Roger Williams University School of Law**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

PLEASE MAIL OR FAX THIS FORM TO:  
 Roger Williams University School of Law  
 Ten Metacom Ave  
 Bristol, RI 02809  
 Office 401-254-4510 Fax 401-254-4570