The Financial Aid Office of ____________________________ (Host School) and the Financial Aid Office of American University Washington College of Law will enter into a consortium agreement for:

Name of Student: ____________________________________  AU ID: ____________________________

Telephone Number: ____________________________  E-mail address: __________________________

**Enrollment Period:**

From: ____________  To: ____________  Number of Semesters: ____________

Number of Credit Hours per Semester: ____________

**Cost of Attendance:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$______</td>
<td>_____________</td>
<td>____________</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$______</td>
<td>_____________</td>
<td>____________</td>
</tr>
<tr>
<td>Books</td>
<td>$______</td>
<td>_____________</td>
<td>____________</td>
</tr>
<tr>
<td>Travel</td>
<td>$______</td>
<td>_____________</td>
<td>____________</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$______</td>
<td>_____________</td>
<td>____________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$______</td>
<td>_____________</td>
<td>____________</td>
</tr>
</tbody>
</table>

**CERTIFICATION:**

- The host school certifies that the student has been accepted for enrollment and that the program meets the federal requirements for financial aid.
- The host school agrees to notify the Washington College of Law if the student fails to enroll at least half-time or withdraws from the program.
- The host school agrees not to provide financial assistance to the above named student for the term specified.
- The Washington College of Law agrees to provide financial assistance to the above named student for the term specified.

**On Behalf of Host School:**

Date: ____________

Signature ____________________________  Name and Title ____________________________

Email /Telephone #: ____________________________

**On Behalf of American University Washington College of Law:**

Signature ____________________________  Name and Title ____________________________

Email /Telephone #: ____________________________

Return to: Washington College of Law - Financial Aid Office, 4300 Nebraska Avenue, NW, Suite C202
Washington, DC 20016-2132  Telephone: (202) 274-4040    Fax: (202) 274-4107