



CONSORTIUM AGREEMENT INFORMATION

(TO BE COMPLETED BY STUDENT.)

Name: _____

Student ID Number or Social Security Number: _____ Birth Date: _____

Email: _____ Cell Number: _____ Local Phone: _____

Host Institution: _____

City/ State/ Zip Code: _____

CONTACT INFORMATION FOR HOST INSTITUTION:

Name of Financial Aid Representative: _____

Contact Number: _____ Fax Number: _____

Student's Signature

Date

OFFICE OF LAW FINANCIAL AID AND SCHOLARSHIPS
7214 ST. CHARLES AVE., BOX 919
PHONE: 504.861.5551
FAX: 504.861.5734