



OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

To submit completed forms:
In person: Law School Room 115
Mail: Loyola University New Orleans
Office of Scholarships and Financial Aid
7214 St. Charles Ave. Campus Box 919
New Orleans, LA 70118
Phone: 504.861.5551 Fax: 504.861.5734
Email: lafinaid@loyno.edu

CONSORTIUM AGREEMENT INFORMATION

Please review and complete the attached consortium agreement. **This agreement allows you to receive financial aid for courses taken at another institution which are required as part of your degree program at Loyola University New Orleans. By completing the Consortium Agreement, your financial aid eligibility will be determined based on the enrollment information reported by your host institution in addition to your enrollment at Loyola.**

Prior to submitting a request for a Consortium Agreement at Loyola you must:

- **Complete the Student Section** of the Consortium Agreement. You will then submit the Consortium Agreement to the Financial Aid Office of your **HOST INSTITUTION**. The Office of Financial Aid at **your Host Institution will complete the Host section; they will sign, and return the completed agreement to Loyola.** It is the student's responsibility to ensure that this form is submitted to Loyola before the appropriate priority date.

The following documents must be completed and submitted directly to Loyola's Financial Aid Office:

- **Letter of Approval from your Academic Dean**
- **Consortium Agreement Worksheet**
- **Copy of your current class schedule from your host institution**

Consortium Agreements that have been fully completed (following the above instructions) and submitted to our office by the following dates will be processed by the first day of the semester:

Semester	Priority Deadline
Fall	August 1 st
Spring	December 1 st
Summer	May 1 st

Fully completed Consortium Agreements submitted to our office after these dates will be processed in date order as time permits.

IMPORTANT

- Financial aid disbursements will come from Loyola and sent to the host institution for the balance owed. Any excess funds will be issued to the student upon request at <https://secure.loyno.edu/finance/refund-request/>.
- It is your responsibility to notify Financial Aid immediately of any changes to your schedule after signing the agreement. You may be required to repay certain financial aid awards should you drop or withdraw from any classes after financial aid disbursement.
- At the end of the semester, you will need to verify that an official transcript has been received by Student Records.
- A hold restricting future aid disbursement will be placed on your account until these transcripts are received and evaluated.

If you have any questions about your Consortium Agreement, please contact LAW/GRAD/DOC Financial Aid
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CONSORTIUM AGREEMENT WORKSHEET

To Be Completed By The Student:

Name, Loyola Student ID Number, Host Institution Student ID Number, Address, City, State, ZIP, Cell Phone Number, Loyola Email Address, Major, Host School, Name, City, State

Reason for taking class(es) at Host Institution instead of Loyola University New Orleans:

Table with 3 columns: Name of Course, Course Number, Credit Hours. Title: COURSE(S) TO BE TAKEN AT HOST INSTITUTION

Number of credit hours you are taking at Loyola this semester
Number of credit hours you are taking at the Host Institution this semester

My signature below verifies that the courses I will be taking at (host institution) during the semester are the academic equivalent to required courses for my Loyola degree program and will transfer to Loyola as my required course(s) or are included as part of an approved articulation agreement.

Student's Signature Date

Student must obtain a letter of approval from the Academic Dean.

Letter of Approval Attached: yes no

Student must submit a copy of their current class schedule from the Host Institution.

Schedule Attached: yes no

Student must apply for aid (GradPLUS loan at www.studentloans.gov. or private loan with lender of your choice)

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CONSORTIUM AGREEMENT

According to the federal regulations, a Consortium Agreement must exist before a parent institution can process an application for federal funds for students attending another host institution. Therefore, the two institutions names below herein enter into a Consortium Agreement for:

Student Section (To be completed by the student):

Name			Loyola Student ID Number	
Address		City	State	ZIP
Cell Phone Number			Loyola Email Address	

PARENT INSTITUTION: Loyola University New Orleans
HOST INSTITUTION: _____

I authorize the two institutions above to exchange information concerning my financial aid and academic record. I certify that my enrollment is as a regular student seeking a degree from Loyola, and that none of my transient hours are in correspondence classes.

_____	_____
Student's Signature	Date

Host Section (To be completed by the Financial Aid Office at Host Institution):

_____ (Host Institution) certifies that the above student is registered as a visiting student for the _____ academic term.

Dates of attendance _____ to _____ Total credit hours enrolled _____

COST OF ATTENDANCE	
Tuition/Fees	\$
Room/Board	\$
Books/Supplies	\$
Transportation	\$
Miscellaneous	\$
*Special Expenses	\$
*Provide Explanation	
Total	\$
Total amount owed to institution	\$

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CONSORTIUM AGREEMENT (pg.2)

Host Institution agrees to:

- *Certify student is accepted for enrollment.*
- *Not process or award any Federal Title IV aid for this student.*
- *Notify Loyola University New Orleans within 14 calendar days if the student withdraws from the program or decreases enrollment below half-time before its conclusion.*
- *Notify Loyola University New Orleans of student aid that the student receives from non-Loyola sources.*
- *Provide a transcript of the student's academic record to Loyola University New Orleans.*

Signature: Host Institution Representative Date

Name of Institution Phone Fax

Address City State Zip Code

Home Institution Section (To Be Completed by Loyola University New Orleans):

Award Name:	Amount:
<input type="checkbox"/> Direct Unsubsidized Loan	\$ _____
<input type="checkbox"/> Graduate PLUS Loan	\$ _____
<input type="checkbox"/> Private Loan	\$ _____
Total Award Amount:	\$ _____

Loyola University New Orleans agrees to:

- *Consider this student enrolled in an eligible program of study at the Host Institution.*
- *Approve (Academic Dean) the courses to be taken at the Host Institution for credit toward the student's degree at Loyola University New Orleans.*
- *Determine eligibility for financial aid based on the cost of attendance at the Host Institution.*
- *Maintain all records in accordance with federal regulations.*
- *Disburse balance owed directly to Host Institution and excess funds directly to student.*

Signature: Loyola Office of Scholarships and Financial Aid Representative Date