

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faoupload>



Preparing people to lead extraordinary lives

2022-2023 Consortium Agreement

Loyola students studying at another institution

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

Home Institution

Loyola University Chicago
Financial Aid Office
1032 W. Sheridan Road
Sullivan Center Room 190
Chicago, IL 60660
lufinaid@luc.edu

Section A: Student Information

I _____ understand that Loyola University Chicago will process any and all federal and/or state financial aid for which I am eligible for the period of one academic term for my attendance in the program/institution listed below.

Undergraduate students will provide Loyola's Financial Aid Office with a copy of their approved "Appeal for Permission to Take Courses Elsewhere" form before this Consortium Agreement will be reviewed.

Law students will provide Loyola's Financial Aid Office with a copy of their approved "Request for Transfer of Credit" form before this Consortium Agreement will be reviewed.

Graduate students will provide documentation from their Advisor stating their courses are approved.

Student Signature* _____

**Typed and digital signatures are not acceptable*

Section B: Host Institution

School Name

Contact Name

Address

Phone

City

Email

State

Zip Code

Fax Number

Section C: Program Information (To be completed by the Host Institution)

The Host institution named above agrees to enter into this Consortium Agreement with Loyola University Chicago for the purpose of providing qualifying federal and state financial assistance to the above student, who has been accepted for enrollment in the program listed below.

Name and location of program: _____

Period of Enrollment from _____ to _____ Semester Quarter

Fall

Winter

Spring

Summer

Actual number of credits enrolled: _____ Full-time Half-time Less than half time

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

Section D: Budget (To be completed by the Host Institution)

	<u>Per Term</u>	<u>Include any financial assistance to student.</u>
Tuition and mandatory fees		
Books		
Room and Board		
Personal		
Regular transportation		
Special expenses**		
Total		
**If you have special expenses, please provide explanation		

Section D: School Certifications

Loyola University Chicago and the Host Institution do hereby certify the following:

1. Loyola University Chicago is the institution of record for all financial aid matters, including record retention, and will confer a degree upon the above-named student following satisfactory completion of all stated requirements.
2. Loyola University Chicago considers the above-named student enrolled as at least a half-time student, accepted as a degree candidate, and making satisfactory academic progress.
3. The Host Institution agrees that only Loyola University Chicago will award or disburse any federal or state financial aid to the student. Further, the Host Institution agrees to notify Loyola University Chicago's Financial Aid Office if it offers any financial assistance to the student for the enrollment period listed above.
4. The Host Institution agrees to notify the Loyola University Chicago Financial Aid Office if the student changes his or her enrollment status or withdraws from the program before its completion or if any of the charges listed in the budget above change during the period of enrollment. Satisfactory completion of the program will be evidenced by an academic transcript upon the written request of the student.
5. Whenever possible, Loyola University Chicago will make payments directly to the Host Institution. In the event the student receives the funds directly, **THE STUDENT IS RESPONSIBLE FOR PAYING ALL TUITION AND FEES TO THE HOST SCHOOL UPON RECEIPT OF ANY FINANCIAL AID FUNDS.** The student is also responsible for paying any amounts not covered by financial aid.

For Loyola University Chicago

For Host Institution

Signature*

Signature*

Name and Title (please print)

Name and Title (please print)

Phone Number

Phone Number

Date

Date

**Typed and digital signatures are not acceptable*

CA 2023