



2019-2020 REQUEST FOR FINANCIAL AID TRANSFER



1422 West Peachtree Street NW, Atlanta, GA 30309
Phone: (678) 916-2600 Fax: (404) 873-3802

7426 Hodgson Memorial Drive, Savannah, GA 31406
Phone: (912) 525-3900 Fax: (912) 525-3915

Student Name (Print): Last First MI Student ID:

Address: City: State:

Zip Code: Phone #: Law School E-mail:

Student Enrolled at: Atlanta's John Marshall Law School Savannah Law School

I have been approved by the Associate Dean of Academic Affairs to register at another institution during the academic period indicated below. Please determine my eligibility for financial assistance based upon the Cost of Attendance established by the host institution. I understand that these funds will be sent directly to my student account at my Host Institution.

My living plans at host institution: On Campus Off Campus

Name and address of the host institution:

Academic semester requested for aid transfer: FALL 2019 SPRING 2020 SUMMER 2020
Process my financial aid for the MAXIMUM amount Process my financial aid to cover TUITION & FEES only

Period of Enrollment: First day of class: Last day of final exams:

Host Institution Student Course Schedule attached: Yes No

Host schedule must display course name, number, number of credit hours, course start and end date for all courses for which student is enrolled.

By my signature below, I certify that I understand the following rules and disbursement guidelines:

I must arrange with the AJMLS/SLS Registrar to be registered in the appropriate consortium courses at AJMLS/SLS in order for my aid to credit to my host law school student account.

Funds will not be requested until 10 days prior to the start of the program of study. Any payment deadlines established by the host institution will be met by my home institution. Please note, under no circumstances will funds be disbursed early or advanced.

I understand that my Title IV financial aid funds will be sent directly to the host institution at the address above upon receipt of an official invoice and class schedule from the host institution. AJMLS/SLS will issue any excess funds according to the student loan refund request directives submitted to the Bursar's Office at AJMLS/SLS.

I understand that if any registered courses on my submitted Student Schedule that are dropped during the add/drop period, or if I completely withdraw from the host institution (officially or unofficially), my financial aid eligibility will be reduced and/or totally canceled.

Student Signature

Date

FOR USE BY OFFICE OF FINANCIAL AID ONLY

Date Financial Aid Transfer Request Received: Date Host School Official Invoice Received:

Host School Student Course Schedule Received: Yes No

Financial Aid Officer Signature: Date Request Approved: