



2024-2025 REQUEST FOR FINANCIAL AID TRANSFER

245 Peachtree Center Ave NE, Suite 1900, Atlanta, GA 30303
Phone: (678) 916-2600, ext 2675 Fax: (404) 873-3802

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

Address: _____ City: _____ State: _____

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

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 the funds for my tuition and fees due to the Host Institution will be sent directly to my Host Institution by the Bursar at my home school, AJMLS and any COA refunds will be direct deposited into my personal banking account I have on file with AJMLS.

My living plans at host institution: On Campus Off Campus

Name and address of the host institution: _____

Academic semester requested for aid transfer: FALL 2024 SPRING 2025 SUMMER 2025
 Process my financial aid for the MAXIMUM amt Process my financial aid to cover TUITION & FEES only
 I am requesting \$_____ on the Graduate PLUS Loan Unsubsidized Stafford Loan
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 Registrar to be registered in the appropriate consortium courses
Initial at AJMLS for my aid to credit to my host law school student account.
- _____ The disbursement date for loan funds is determined by the host institution. Any tuition and fee payment
Initial 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 for tuition & fees will be sent directly to the host institution at the
Initial address above upon receipt of an official invoice and class schedule from the host institution. AJMLS will issue any excess funds according to the student loan refund request form directives submitted to Student Accounts (formerly the Bursar's Office) at AJMLS.
- _____ I understand that if any registered courses on my submitted Student Schedule that are dropped during
Initial the add/drop period, or if I completely withdraw from the host institution (officially or unofficially), my financial aid eligibility will/may be reduced, returned, and/or totally canceled which may result in a balance due to the Host institution that I will be responsible for paying out of pocket.

_____/_____/_____
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: _____